

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90306 018 ***150.00

0957588 AT

DOCUMENT # P25613

1. Entity Name
GARDEN FRESH RESTAURANT CORP.



Principal Place of Business
**15822 BERNARDO CENTER DR.
SUITE A
SAN DIEGO CA 92127
US**

Mailing Address
**15822 BERNARDO CENTER DR.
SUITE A
SAN DIEGO CA 92127
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **33-0028786** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> Delete
NAME	MICHAEL P MACK	
STREET ADDRESS	17180 BERNARDO CENTER DR.	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN M. ROBBINS, JR.	
STREET ADDRESS	17180 BERNARDO CENTER DRIVE	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVID W QUALLS	
STREET ADDRESS	17180 BERNARDO CENTER DR.	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDGAR F BERNER	
STREET ADDRESS	17180 BERNARDO CENTER DR.	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL M MINCHIN, JR	
STREET ADDRESS	17180 BERNARDO CENTER DRIVE	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT A. GUNST	
STREET ADDRESS	17180 BERNARDO CENTER DR.	
CITY-ST-ZIP	SAN DIEGO CA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15822 Bernardo Center Dr. # A	
CITY-ST-ZIP	San Diego, CA 92127	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15822 Bernardo Center Dr. # A	
CITY-ST-ZIP	San Diego, CA 92127	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15822 Bernardo Center Dr. # A	
CITY-ST-ZIP	San Diego, CA 92127	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15822 Bernardo Center Dr. # A	
CITY-ST-ZIP	San Diego, CA 92127	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15822 Bernardo Center Dr. # A	
CITY-ST-ZIP	San Diego, CA 92127	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID QUALLS, CEO**  **4/15/03 (858) 675-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)