


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90044 031 ****61.25

DOCUMENT # N0000006034	
1. Entity Name FOOD CULTURE MUSEUM, INC.	

Principal Place of Business 2417 N. MIAMI AVENUE MIAMI FL 33127 7230 NW MIAMI CT. UNIT 2 MIAMI FL 33150	Mailing Address 2417 N. MIAMI AVENUE MIAMI FL 33127 7230 NW MIAMI CT MIAMI FL 33150
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2. Principal Place of Business 7230 NW MIAMI CT	3. Mailing Address 7230 NW MIAMI CT
Suite, Apt. #, etc. UNIT #2	Suite, Apt. #, etc. UNIT #2

1st MOORE CR2E037 (10/05)

City & State MIAMI FL	City & State MIAMI FL
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4. FEI Number 65-1040815	Applied For <input type="checkbox"/> Not Applicable
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Zip FL 33150	Country USA	Zip 33150	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIRALDA, ANTONIO 2417 N. MIAMI AVENUE MIAMI FL 33127 7230 NW MIAMI CT. UNIT 2 MIAMI FL 33150	
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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 \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRALDA, ANTONIO 2417 N. MIAMI AVENUE MIAMI FL 33127 7230 NW MIAMI CT. UNIT 2 MIAMI FL 33150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUILLEN, MONTSERRAT 2417 N. MIAMI AVENUE MIAMI FL 33127 7230 NW MIAMI CT UNIT 2 MIAMI FL 33150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S, MARIA V 60 S.W. 82 AVE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCA, INMACULADA 2417 N. MIAMI AVENUE MIAMI FL 33127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANO, MIGUEL 2417 N. MIAMI AVENUE MIAMI FL 33127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: _____ DATE: **03-01-06** DAYTIME PHONE #: **305-7541122**