


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

APPROVE  
06-21-2006 90001 033 \*\*\*150.00  
FILED

06 JUL 11 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSK*

DOCUMENT # P00000055472			
1. Entity Name MC CRAVINGS CORP.			
Principal Place of Business 100 EAST BROWARD BLVD FT LAUDERDALE, FL 33301		Mailing Address 100 EAST BROWARD BLVD FT LAUDERDALE, FL 33301	
2. Principal Place of Business 100 E BROWARD BLVD Suite, Apt. #, etc. A106		3. Mailing Address 100 E. BROWARD BLVD Suite, Apt. #, etc. A106	
City & State FORT LAUDERDALE		City & State FORT LAUDERDALE	
Zip 33301		Zip 33301	
Country		Country	
4. FEI Number 65-1014685		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTUNEZ DE MAYOLO, FRANCISCO 100 EAST BROWARD BLVD FT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name ANTUNEZ DE MAYOLO FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 3505 S. OCEAN DR. APT. 1212 City HOLLYWOOD FL FL Zip Code 33019	
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: <i>Francisco Antunez de Mayolo</i> FRANCISCO ANTUNEZ DE MAYOLO 06.15.06 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANTUNEZ DE MAYOLO, FRANCISCO <input type="checkbox"/> Delete 100 EAST BROWARD BLVD FT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTUNEZ DE MAYOLO FRANCISCO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3505 S. OCEAN DR APT. 1212 HOLLYWOOD FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ANTUNEZ DE MAYOLO, MARTHA <input type="checkbox"/> Delete 100 EAST BROWARD BLVD FT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTUNEZ DE MAYOLO MARTHA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3505 S. OCEAN DR. APT. 1212 HOLLYWOOD FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 Chapter 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 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: <i>Francisco Antunez de Mayolo</i> FRANCISCO ANTUNEZ DE MAYOLO 06.15.06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

Document corrected per Francisco Antunez de Mayolo. *PSK*

(954) 522 1230