

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068164

FILED
Jun 30, 2006
Secretary of State

Entity Name: THE MACKNIGHT SMOKE HOUSE, INC.

Current Principal Place of Business:

550 NE 185TH STREET
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

550 NE 185TH STREET
MIAMI, FL 33179

New Mailing Address:

FEI Number: 20-1057545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUBIN, JONATHAN R
9360 SUNSET DRIVE STE 220
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: BROWN, JONATHAN S R
Address: 10305 SABLE PALM AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: VP () Delete
Name: INGHAM, ROBERT W
Address: 2901 S. BAYSHORE DR., #8A
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT INGHAM

MR

06/30/2006

Electronic Signature of Signing Officer or Director

Date