


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000002168**

1. Entity Name  
**THE AMERICAN CRAVINGS COMPANY**



Principal Place of Business  
**491 MOLLIE BOULEVARD  
 HOLBROOK, NY 11741**

Mailing Address  
**20850 NE 31ST PLACE  
 AVENTURA, FL 33180**



01062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4085096** Applied For  
 Not Applicable


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

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.  
 8875 HIDDEN RIVER PARKWAY  
 SUITE 300  
 TAMPA, FL 33637**

**DO NOT WRITE IN THIS SPACE**

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:  DATE: **4/11/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR LEVI, ERIC 491 MOLLIE BOULEVARD HOLBROOK, NY 11741</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRS MILLER, CARLA 20850 NE 31ST PLACE AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRS PLONKA, NINA 10677 SAN BERNARDINO WAY BOCA RATON, FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000900119  
 04/29/08-80016-016 150.00

**DO NOT WRITE IN THIS SPACE**

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: 