2008 FOR PROFIT CORPORATION ANNUAL REPORT

08-08-2008 90016 025 ***150.00
FILED P06000077742

2008 DEC -2 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000077742

1. Entity Name
THE BEST JAMAICAN BAKERY AND RESTAURANT, INC.

Principal Place of Business	Mailing Address
6076 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 US	6076 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 US

08042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6076 Okeechobee	6076 Okeechobee Blvd
Suite, Apt. #, etc.: 42-43	Suite, Apt. #, etc.: West Palm Bch
City & State: West Palm Bch	City & State
Zip: 33417 Country: Palm Bch	Zip: 33417 Country: Palm Bch

4. FEI Number: 33-1142311 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREAKENRIDGE, SYLVIA ~~4771 NW 19TH~~ ST 6076 Okeechobee Blvd LAUDERHILL, FL 33313 West Palm Bch 33417	Name Street Address (P.O. Box Number is Not Acceptable): 6076 6076 Okeechobee Blvd City: West Palm Beach FL Zip Code: 33417

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: Sylvia Breakenridge 8/6/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD BREAKENRIDGE, SYLVIA 4771 NW 19TH ST 6076 Okeechobee LAUDERHILL, FL 33313 West Palm Bch	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Sylvia Breakenridge 8/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40112976

#P060000277742

Never Received a Renewal Form

Sylvia Brantley