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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT (L)

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000084005

1. Corporation Name
CHICKEN KITCHEN CORPORATION

[redacted]

Principal Place of Business	Mailing Address
5415 Collins Ave #305 Miami Beach FL 33140	5750 N. Bay Road c/o C. Berdouare Miami Beach FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/94

4. FEI Number: 59-3283225 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 5415 Collins Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 305
City & State 23	City & State 28 Miami Beach FL
Zip 24 / Country 25	Zip 29 33140 / Country 30 DADE

9. Name and Address of Current Registered Agent

CHRISTIAN de BERDOUARE
5750 N. BAY Road
Miami Beach, FL 33140

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO P	☐ DELETE	1.1 TITLE	DIP/CEO	☒ Change ☐ Addition
NAME	MAHE DE BERDOUARE CHRISTIAN		1.2 NAME	MAHE DE BERDOUARE, CHRISTIAN	
STREET ADDRESS	5415 COLLINS AVE #305		1.3 STREET ADDRESS	5415 COLLINS AVE #305	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPDS	☒ DELETE	2.1 TITLE	SV	☐ Change ☒ Addition
NAME	KRASNA, DAVID A		2.2 NAME	STAMMUT, LAWRENCE G	
STREET ADDRESS	3503 LOAKOY AVE		2.3 STREET ADDRESS	5415 COLLINS AVE #305	
CITY-ST-ZIP	COCONUT GROVE, FL		2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	☒ DELETE	3.1 TITLE	SV	☐ Change ☒ Addition
NAME	MAHE DE BERDOUARE CHRISTIAN		3.2 NAME	BLACKMAN, FRANK	
STREET ADDRESS	5415 COLLINS AVE #305		3.3 STREET ADDRESS	5415 COLLINS AVE #305	
CITY-ST-ZIP	MIAMI BEACH FL 33140		3.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		☐ DELETE	4.1 TITLE	V/T	☐ Change ☒ Addition
NAME			4.2 NAME	GREGORY, MITCHELL	
STREET ADDRESS			4.3 STREET ADDRESS	5415 COLLINS AVE #305	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME			5.2 NAME	KING, JOSEPH	
STREET ADDRESS			5.3 STREET ADDRESS	5415 COLLINS AVE #305	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	BARTON, ALAN	
STREET ADDRESS			6.3 STREET ADDRESS	5415 COLLINS AVE #305	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____