2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # 256161** 1. Entity Name PALM SPRINGS CHICKEN TAKE-OUT INC Principal Place of Business Mailing Address 811 W 49 STREET HIALEAH FL 33012 811 W 49 STREET HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-0968871 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORMAN, TERRY J ESQ Street Address (P.O. Box Number is Not Acceptable) 1521 SW LEJEUNE ROAD CORAL GABLES FL 33134 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD iii) (F ☐ Change Addition Detete YAGODA, DANIEL NAME NAME U00000304477 STREET ADDRESS 811 W 49 STREET STREET ADDRESS 04/14/05-80844-014 150.08 CITY-ST 718 HIALEAH FL CITY-ST-ZIP דם Change ☐ Addition TITLE Delete THEF YAGODA, JEFFREY NAME NAME 811 W. 49TH ST. STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-S1-ZIP CITY-ST-ZIP Change Addition ☐ Detete HILE SD NAME YAGODA, BURTON STREET ADDRESS STREET ADDRESS 811 W 49 STREET CHY-ST ZIP HIALEAH FL CHY-ST-ZIP THE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THILL Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver in trusted impowered 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 will an anadies, with all after like empowered.

JEFFREY E. YAGODA

changed, or on an attachment will

SIGNATURE:

FILED

04/11/05 305-821-8661