

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90190 017 ***158.75

DOCUMENT # 392011

1. Entity Name
SWISS CHALET FINE FOODS, INC.



Principal Place of Business
**9455 NW 40 STREET ROAD
MIAMI, FL 33178**

Mailing Address
**C/O IVAN A. GOMEZ ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI, FL 33131**

60033760



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1733009

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**IAG CORPORATE SVCS., INC.
601 BRICKELL KEY DR.
STE. 507
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **HANS BAUMANN**

Street Address (P.O. Box Number is Not Acceptable)

9324 NW 48 DORAL TERR

City **DORAL**

FL

Zip Code
33178

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 *Hans Baumann*

(If Registered Agent signature required when reinstating)

DATE

**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 **PD BAUMANN, HANS** ☐ Delete
STREET ADDRESS **9455 NW 40 STREET ROAD**
CITY- ST- ZIP **MIAMI, FL**

TITLE
NAME **STD BAUMANN, CLAIRE** ☐ Delete
STREET ADDRESS **9455 NW 40 STREET ROAD**
CITY- ST- ZIP **MIAMI, FL**

TITLE
NAME **D BAUMANN, Y HANS** ☐ Delete
STREET ADDRESS **8956 SORESEN**
CITY- ST- ZIP **SANTA FE SPG, CA**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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: *Hans Baumann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #