2005 FOR PROFIT CORPORATION

FILED Apr 02, 2005 08:00 AM Secretary of State

ANNUAL REPORT		
DOCUMENT # 634762 1. Entity Name SWISS CHALET FINE FOODS V	VEST, INC.	
Principal Place of Business 9455 NW 40 STREET ROAD MIAMI, FL 33178	Mailing Address C/O IVAN A. GOMEZ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131	<u> </u>
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03242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1933211 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC. DO NOT WRITE SUITE 507 COURVOISIER CENTRE II 601 BRICKELL KEY DR IN THIS SPACE MIAMI, FL 33131 5. 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, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent algorithms required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. MILE PΠ BAUMANN, HANS R. NAME 9455 NW 40 STREET ROAD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178, ---^U00000285676 04/02/05-80053-020 150.00 STD TITLE BAUMANN, CLAIRE NAME STREET ADDRESS 9455 NW 40 STREET ROAD CITY-ST-ZIP MIAMI, FL 33178, **1ITLE** VPD BAUMANN, Y HANS NAME 8956 SORENSEN AVE STREET ADDRESS DO NOT WRITE SANTA FE SPRINGS, CA CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR