

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 NOV -5 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 676322 1. Entity Name HOT COOKIES, INC.	
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Principal Place of Business 7501 DADELAND MALL 1 MIAMI, FL 33156 US	Mailing Address 5924 SW 68TH STREET MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT (12/06) *OR*

4. FEI Number 59-2007995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERRIN, SHERYL 11801 SW 69 AVENUE MIAMI, FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P BERRIN, LARRY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5924 SW 68 TERR	NAME	
STREET ADDRESS	MIAMI, FL 33143	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	02-25-08 90041 011 \$150.00
TITLE	D BERRIN, SHERYL D, VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11801 S.W. 69 AVENUE	NAME	
STREET ADDRESS	MIAMI, FL 33156	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D BERRIN, LORRAINE D D, S, T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11801 S.W. 69 AVENUE	NAME	
STREET ADDRESS	MIAMI, FL 33156	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information submitted 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: *Larry Berrin* 10/30/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #