

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K25497

FILED
Feb 26, 2007
Secretary of State

Entity Name: AUNT I WEST INDIAN RESTAURANT, INC.

Current Principal Place of Business:

19934 NW 2ND AVE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

19934 NW 2ND AVE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 59-2840388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, INEZ
19934 NW 2ND AVE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRANT, INEZ
Address: 15837 WAVERLY MANOR
City-St-Zip: DAVIE, FL 33331

Title: VD () Delete
Name: GRANT, WINSTON JR.
Address: 2211 NW 94 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD () Delete
Name: CARTWRIGHT, MARCIA
Address: 3065 SANTA MARGARITA RD.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD () Delete
Name: GRANT, CARY
Address: 15837 WAVERLY MANOR
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: GRANT, SONIA
Address: 2647 SW 137TH AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: COCKING, ANNMARIE
Address: 15131 WHETSTONE WAY
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINSTON GRANT

VP

02/26/2007

Electronic Signature of Signing Officer or Director

Date