2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90146 027 ****50.00

DOCUMENT # L02000022219

1. Entity Name
CHEFS 2 GO, LLC

Principal Place of Business	Mailing Address
19456 N.W. 79TH PL MIAMI, FL 33015	1800 W. 49TH ST 301 HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
	2800 GLADE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE #E-102
City & State	City & State WESTON, FL
Zip / Country	Zip 33327 / Country

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 71-0901928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIOS, LEOPOLDO G 1800 W. 49TH STREET, SUITE 301 HIALEAH, FL 33012	Name RIOS, LEOPOLDO G. Street Address (P.O. Box Number is Not Acceptable) 2800 GLADE CIRCLE SUITE #E-150 City WESTON, FL. **FL** Zip Code 33327

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] ANTONIETTA RIOS 04/23/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OMANA, JACQUELINE D 19456 N.W. 79TH PLACE MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] ANTONIETTA RIOS 04/23/04 **954-515-0301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #