2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000067700

Entity Name: CARIBBEAN EXPRESS CUISINE, LLC.

FILED Nov 09, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

 99 NW 54TH STREET
 99 NW 54TH STREET

 MIAMI, FL 33174
 MIAMI, FL 33127

Current Mailing Address: New Mailing Address:

 99 NW 54TH STREET
 99 NW 54TH STREET

 MIAMI, FL 33174
 MIAMI, FL 33127

FEI Number: 51-0594673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PIERRE, MAXIME

855 EUCLID AVENUE

#102

MIAMI, FL 33139 US

SAINT HILAIRE, LESLY

99 NW 54TH STREET

MIAMI, FL 33127 US

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: LESLY SAINT HILAIRE 11/09/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: PIERRE, MAXIME Name: SAINT HILAIRE, LESLY

 Address:
 99 NW 54TH STREET
 Address:
 99 NW 54TH STREET

 City-St-Zip:
 MIAMI, FL 33174
 City-St-Zip:
 MIAMI, FL 33127

Title: MGR (X) Delete Title: () Change () Addition Name: PIERRE, MAXO Name:

 Name:
 PIERRE, MAXO
 Name:

 Address:
 99 NW 54TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33174
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 ST-HILAIRE, LESLY
 Name:

 Address:
 99 NW 54TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33174
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 ABIY Z TESFAZGY,
 Name:

 Address:
 99 NW 54TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33174
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LESLY SAINT HILAIRE MGR 11/09/2007