2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # M17762 1. Entity Name THE GOLDEN PIG. INC. Principal Place of Business Mailing Address 2717 N.W. 34TH STREET 2717 N.W. 34TH STRÉÉT MIAMI, FL 33142 MIAMI, FL 33142 No Chg-P CR2E034 (10/03) 04142005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2552892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORDERO, CARMEN DO NOT WRITE 2717 N.W. 34TH STREET MIAMI, FL 33142 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remarking) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE CORDERO, CARMEN NAME STREET ADDRESS 2717 N.W. 34TH STREET CITY-ST-ZIP MIAMI, FL 33142 TITLE ~U000000321650 NAME 04/21/05-80061-018 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1635-3126 Daytime Phone #