


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT #</b> N00000006034                     |  |
| 1. Entity Name<br><b>FOOD CULTURE MUSEUM, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>7230 NW MIAMI CT<br/>UNIT 2<br/>MIAMI, FL 33150</b> | Mailing Address<br><b>7230 NW MIAMI CT<br/>UNIT 2<br/>MIAMI, FL 33150</b> |
|---|---|

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01132008 No Chg-NP CR2E037 (4/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>65-1040815</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

**MIRALDA, ANTONIO  
7230 NW MIAMI CT  
UNIT 2  
MIAMI, FL 33150**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |   |
|---|--|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>U00000870873<br/>04/09/08-80108-005 150.00</b> |
|---|--|---|

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MIRALDA, ANTONIO<br>7230 NW MIAMI CT UNIT 2<br>MIAMI, FL 33150    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>GUILLEN, MONTERRAT<br>7230 NW MIAMI CT UNIT 2<br>MIAMI, FL 33150 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROS, MARIA V<br>3760 S.W. 82 AVE<br>MIAMI, FL 33155                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROCA, INMACULADA<br>2417 N. MIAMI AVENUE<br>MIAMI, FL 33127        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CANO, MIGUEL<br>2417 N. MIAMI AVENUE<br>MIAMI, FL 33127            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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12. I hereby certify that the information supplied 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 617, 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:**  **March 22-2008** **786-2553529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #