2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004186

FILED Jan 19, 2012 Secretary of State

Entity Name: AMIKIDS WINGS SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

11000 SW 220TH ST. 11000 SW 220TH STREET MIAMI, FL 33170

MIAMI, FL 33170

Current Mailing Address: New Mailing Address:

11000 SW 220TH ST. AMIKIDS, INC

5915 BENJAMIN CENTER DRIVE MIAMI, FL 33170

TAMPA, FL 33634

FEI Number: 20-0954347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HULL, DAVID 225 WATER ST., STE. 1800 JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PRIESTLY, JENNY Name:

Address: 10332 SW 173RD TERRACE

City-St-Zip: MIAMI, FL 33157

Title:

Name: STANDER, O. B

Address: 5915 BENJAMIN CENTER DR.

City-St-Zip: TAMPA, FL 33634

Title:

LAMBERT, LYNDALL Name:

701 BRICKELL AVENUE, SUITE 3000 Address:

City-St-Zip: MIAMI, FL 33131

Title:

Name: JOHNSON, MICHELLE

1111 SW 1ST AVENUE, UNIT #1424 Address:

City-St-Zip: MIAMI, FL 33130

Title:

VIDAL, LILIANA Name:

701 BRICKELL AVENIE #3000 Address:

MIAMI, FL 33131 City-St-Zip:

Title:

MORTON, LIZ Name:

Address: 133 NE 2ND AVENUE #1519

MIAMI, FL 33132 City-St-Zip:

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: O.B. STANDER D 01/19/2012