2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000000474 FRESCO CALIFORNIA BISTRO, INC. Principal Place of Business Mailing Address 1744 SW 3RD AVE. 1744 SW 3RD AVE. MIAMI, FL 33129 MIAMI, FL 33129 CR2E034 (11/05) 01092007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0979003 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERRERA, JAIME O DO NOT WRITE 1744 SW 3RD AVE. MIAMI, FL 33129 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE HERRERA, JAIME O NAME U00000587615 01/17/07-80040-002 150.00 STREET ADDRESS 1744 SW 3RD AVE. MIAMI, FL 33129 CITY-S1-ZIP TITLE NAME HERRERA, STELLA STREET ADDRESS 1744 SW 3RD AVE. CITY-ST-ZIP MIAMI, FL 33129 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 deport 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 truete 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 any other states with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RRELA

Daytime Phone #