

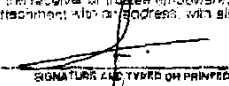
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ISAAC MATZ (

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90235 047 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000108130			
1. Entity Name CHEF'S CLUB, INC.			
Principal Place of Business 7084 NW 50 ST MIAMI, FL 33166 US		Mailing Address 7084 NW 50 ST MIAMI, FL 33166 US	
2. Principal Place of Business 4869 NW 36 Street		3. Mailing Address 4869 NW 36 Street	
City & State Miami, FL		City & State Miami, FL	
Zip 33166	Country US	Zip 33166	Country US
4. FEI Number 65-1056782		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUSSO, MARK E ESQ. 3440 HOLLYWOOD BLVD SUITE 380 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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, type or printed name of registered agent and not if applicable) (NOTE: Registered agent's signature requires when applicable) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST SAAVEDRA, EDGAR RICHARD 3440 HOLLYWOOD BLVD SUITE 380 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SAAVEDRA, EDGAR RICHARD 4869 NW 36 STREET MIAMI, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD SAAVEDRA, EDGAR RICHARD 3440 HOLLYWOOD BLVD SUITE 380 HOLLYWOOD, FL 33021 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 thereto, with all other like empowered.			
SIGNATURE: 		Edgar Richard Saavedra	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Signature Printed: _____	