2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # P01000065908** 1. Entity Name 04-22-2004 90041 019 ***150.00 NONI RESTAURANT, INC. Principal Place of Business Mailing Address 6650 NW 57TH ST 6650 NW 57TH ST TAMARAC, FL 33321 TAMARAC, FL 33321 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 0 0000 Applied For 4. FEI Number City & State City & State Not Applicable 65-1119086 Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CABEZA, NOHORA Street Address (P.O. Box Number is Not Acceptable) 10043 LEXINGTON ESTATES BLVD BOCA RATON, FL 33428 City Zip Code 8. The above named entity submite 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 rec red agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) flegistered agent and title if applicable. 9. Election Campaign Financing **\$5.00** a accora FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 0 000000000000 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE PTS ☐ Delete TITLE ☐ Change CABEZA, NOHORA NAME NAME 10043 LEXINGTON ESTATES BLVD STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33428 CITY-ST-7IP CITY-ST-ZP Change ☐ Addition ☐ Delete TITLE TITLE RODRIGUEZ, JUAN F NAME MAME STREET ADDRESS 10043 LEXINGTON ESTATES BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33428 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZYP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attachmer an address, with all other like empowered. Mona **SIGNATURE:**

FILED