

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90020 009 ***150.00

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03282007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000070851					
1. Entity Name DUTCH POT JAMAICAN RESTAURANT, INC.					
Principal Place of Business 111 N STATE RD 7 PLANTATION, FL 33317		Mailing Address 111 N STATE RD 7 PLANTATION, FL 33317			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1118030	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARSHALL, CHERRY 111 N STATE RD 7 PLANTATION, FL 33317			Name <u>MARSHALL, CHERRY</u> Street Address (P.O. Box Number is Not Acceptable) <u>7188 NW 108th Avenue</u> <u>PARKLAND</u> <u>FL</u> <u>33076</u> City <u>FL</u> Zip Code <u>33076</u>		
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 <u>X</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	PD MARSHALL, CHERRY 7331 NW 49 COURT LAUDERHILL, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARSHALL, CHERRY 7188 NW 108th Avenue PARKLAND FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREGORY, MELONY 3292 NW 15TH ST FT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: <u>X Cherry Marshall</u> <u>PD</u> <u>X</u> <u>X</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					