2008 FOR PROFIT CORPORATION

May 21, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000006404 05-21-2008 90027 014 ***150.00 D. ORIGINAL MUNCHY'S PIZZA PASTA, SUBS & SALADS. Principal Place of Business Mailing Address 850 IVES DAIRY RD #T 42A 850 IVES DAIRY RD #T 42A MIAMI, FL 33179 MIAMI, FL 33179 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 04082008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 26-0034409 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLENE GONZALEZ GONZALEZ, CHARLENE ddress (P.O. Box Number is Not Ac 661 E 40TH ST HIALEAH, FL 33013 City MIAMI Zip.Code 330/8 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. Lam familiar with, and accept the obligations of registered a **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DRESIDENT TITLE ☐ Delete TITLE ☐ Addition CHARLENE GONZALEZ GONZALEZ, CHARLENE NAME NAME 8965 NW 174 LANE STREET ADDRESS 661 E 40TH ST STREET ADDRESS MAMI, FL. 33018 CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP TITLE Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Defete THEF ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS Cify-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 is changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE:

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR