


FILED
Jul 11, 2006 8:00 am
Secretary of State

05-17-2006 90018 044 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000043026		
1. Entity Name CHICKEN, CHICKEN EXPRESS, INC.		
Principal Place of Business 35 N. FEDERAL HWY FORT LAUDERDALE, FL 33301		Mailing Address 35 N. FEDERAL HWY FORT LAUDERDALE, FL 33301
DO NOT WRITE IN THIS SPACE		
		05022006 No Chg-P CR2E034 (11/05)
4. FEI Number 01-0686352		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent ESTRADA, JUAN 35 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33301		DO NOT WRITE IN THIS SPACE
9. 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: <i>[Signature]</i> <i>Vice President</i> <i>4/28/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent with title required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ESTRADA, JUAN 35 N. FEDERAL HWY FORT LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LONDONO, LUIS 3507 OAKS WAY #989 POMPANO BEACH, FL 33069	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>[Signature]</i> <i>Vice President</i> <i>6/28/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>