FILED May 30, 2007 8:00 am Secretary of State 04-30-2007 90850 038 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL KEI OKT							04-30-20	07 20030 030	130.00
DOCUMENT # P02000043026 1. Endity Name CHICKEN, CHICKEN EXPRESS, INC.						66017207			
Principal Place	e of Busines	5	Mailing Address			1	סס'	OTIMOI	
35 N. FEDERAL HWY			35 N. FEDERAL HWY						
FORT LAUDERDALE, FL 33301			FORT LAUDERDALE, FL 33301						
TOKT SHOPE	NDALL, I C	33301	TONY ENGLESSES, TE	33301		 	Dije van aan âan âan êan	1 83 77 8.4 6 4 677 6 774 4674 1	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. 4, etc.			Suite, Apt. #, etc.		01102007	Chg-P	CR2E034 (12/06)		
City & State			City & State			4. FEI Number 01-0686	352	1 —+	opplied For lot Applicable
Zip 	Country		Zip	Country		<u> </u>	f Status Desired	S8.75 Ac	
	and Address of Current F	Registered Agent			7. Name and A	ddress of New R	egistered Agent		
Na The Na									
ESTRADA, JUAN 35 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33301 3507 CAKS CLOSS FORT LAUDERDALE, FL 33301					Street Address (P.O. Box Number is Not Acceptable)				
TOIN DAG	DENUAL	Dim	canob, 51330	via					
		410116	عرر المالكة	City				Zip Cox	
			<u> </u>					FL Zip Cox	30
			the purpose of changing its re	gistered office	or register	ed agent, or both	in the State of Flo	rida. I am familiar with	, and accept(
the obligations of registered agent. Signature design common design tondono Vivepresident									
SKGNATURE Signature, typed or printed name of register/integer and title 4 applicable. (NOTE Registered Agent expecture required when numerating) DATE									
FiLE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees									
10.		OFFICERS AND O	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	IS IN 11
FITLE	Р		☐ Delete	THE				☐ Change	☐ Addition
HAME	ESTRAD/	A, JUAN		NAME					_
STREET ADDRESS	35 N. FEC	DERAL HWY		STREET ADORES	s				
CITY-SI-ZIP	FORT LA	UDERDALE, FL 33301,		CITY-ST-ZIP					
IULE	VICE PRODUCED Delete				🗸			Change	☐ Addition
NAME	LONDON			NAME		DONO	LUIS		Í
STREET ADDRESS CITY-SI-ZIP		(S WAY #989 O BEACH, FL 33069		STREET ADDRESS CITY-ST-ZIP	350 10 H	PANO	S WAY BEACH	# 909 FL · 3306	9
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CITY-ST-ZIP				CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	·		
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TITLE			☐ Delete	THLE				Change	Addition
NAME Street Address				NAME STREET ADDRESS					ł
CITY-ST-ZIP				CITY-ST-ZIP	<u></u>				
12. Thereby 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 of 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 allachment with an address, with all other like empowered.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devine Proce 8									