2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P02000057673

Entity Name: TASTE OF JAMAICA RESTAURANT, INC.

Current Principal Place of Business:

6406 NORTH ORANGE BLOSSON TRAIL
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

POB 1968
APOPKA, FL 32704

New Mailing Address:

FEI Number: 48-1263771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, SOPHIA
1702 SWEETWETER WEST CIRCLE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

CAMPBELL, SOPHIA
1702 SWEETWATER WEST CIRCLE
APOPKA, FL 32712 US

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.

SIGNATURE: 05/01/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: CAMPBELL, SOPHIA
Address: 1702 SWEET WATERS WEST CIR
City-St-Zip: APOPKA, FL 32712

Title: VT ( ) Delete
Name: CAMPBELL, SOPHIA
Address: 1702 SWEETWATERS WEST CIR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: CAMPBELL, SOPHIA
Address: 1702SWEETWATER WEST CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: VT (X) Change ( ) Addition
Name: CAMPBELL, SOPHIA
Address: 1702 SWEETWATER WEST CIRCLE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOPHIA CAMPBELL PS 05/01/2008
Electronic Signature of Signing Officer or Director — Date