


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90699 041 \*\*\*150.00

<b>DOCUMENT # P02000086366</b> 1. Entity Name <b>MR. JALAPENO, INC.</b>			
Principal Place of Business <b>11471 W. SAMPLE ROAD, SUITE #41 CORAL SPRINGS, FL 33065</b>		Mailing Address <b>2530 N. POWERLINE ROAD #401 POMPANO BEACH, FL 33069</b>	
2. Principal Place of Business <b>11764 W. Sample Rd</b> Suite, Apt. #, etc. <b>#101</b> City & State <b>Coral Springs FL</b> Zip <b>33065</b>		3. Mailing Address <b>11764 W. Sample Rd</b> Suite, Apt. #, etc. <b>101</b> City & State <b>Coral Springs FL</b> Zip <b>33065</b>	
4. FEI Number <b>52-2370941</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LAU, BONNIE Y 11471 W. SAMPLE ROAD, #41 CORAL SPRING, FL 33065</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>11764 W. Sample Rd, # 101</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAU, BONNIE Y 11471 W. SAMPLE ROAD, #41 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	11764 W. Sample Rd, # 101 Coral Springs FL 33065	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	11764 W. Sample Rd, # 101 Coral Springs FL 33065	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	11764 W. Sample Rd, # 101 Coral Springs FL 33065	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04