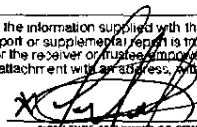


FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90140 027 ***150.00

**2003 FOR PROFIT CORPORATION/
UNIFORM BUSINESS REPORT (UBR)**

80122823

DOCUMENT # P02000114032					
1. Entity Name DOG HOUSE FAST FOOD CORP.					
Principal Place of Business 7672 NW 186TH STREET MIAMI LAKES, FL 33015			Mailing Address 7672 NW 186TH STREET MIAMI LAKES, FL 33015		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				4. FEI Number 01-0755369 Applied For Not Applicable	
6. Name and Address of Current Registered Agent GALVEZ, JOSE MANUEL 7672 N.W. 186TH ST. MIAMI LAKES, FL 33015				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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's signature required when submitting)					
FILE NOW!! FEE \$150.00 After May 1, 2003 fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GALVEZ, JOSE M		NAME		
STREET ADDRESS	7672 NW 186TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33015		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOHORQUEZ, BELKY Y		NAME		
STREET ADDRESS	7672 NW 186TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33015		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REYES, JOSE L		NAME		
STREET ADDRESS	7672 NW 186TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33015		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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  04/03/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CH2E034 (10/02)