
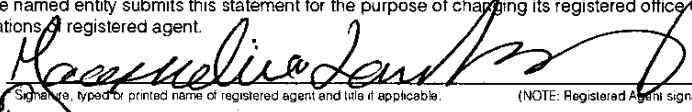


FILED
Feb 28, 2005 8:00 am
Secretary of State

SECRET

DOCUMENT # P02000127172				Secretary of State 02-28-2005 90226 048 ***150.00																									
1. Entity Name LANKRY'S KOSHER GOURMET, INC.																													
Principal Place of Business 2131 STIRLING ROAD FT LAUDERDALE FL 33312		Mailing Address 4925 SW 35 TER FT LAUDERDALE FL 33312																											
2. Principal Place of Business		3. Mailing Address 2131 STIRLING RD FORT-LAUDERDALE FL		 1st MOORE CR2E034 (10/04)																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 01-0757941																									
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LANKRY, SHARONE 4925 SW 35 TER FT LAUDERDALE FL 33312				7. Name and Address of New Registered Agent Name: NONE 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 a registered agent. SIGNATURE:  DATE: 2-17-05 (NOTE: Registered Agent signature required when reinstating)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: 				2-17-05 904-518-0068																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																									