2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000022530

Title:

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Address: City-St-Zip:

(X) Delete

7300 NORTH KENDALL DRIVE, SUITE 521

AMOROS, ALBERTO

MIAMI, FL 331567840 US

FILED Jul 15, 2009 Secretary of State

Entity Name: FIRST FLORIDA CHICKEN, INC. **Current Principal Place of Business: New Principal Place of Business:** 7300 NORTH KENDALL DRIVE SUITE 521 MIAMI, FL 331567840 US **Current Mailing Address: New Mailing Address:** 7300 NORTH KENDALL DRIVE SUITE 521 MIAMI, FL 331567840 US FEI Number: 11-3683080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMOROS, ALBERTO 7300 NORTH KENDALL DRIVE SUITE 521 MIAMI, FL 331567840 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WU WONG, ARNOLD H Name: Name: AV JAVIER PRADO - OESTE #595 Address: Address: City-St-Zip: LIMA 17, PERU, - --City-St-Zip: Title: Title: () Delete (X) Change () Addition RECHARTE ALFARO, CESAR AMOROS, ALBERTO Name: Name: 2312 PONCE DE LEON BOULEVARD 7300 NORTH KENDALL DRIVE, SUITE 521 Address: Address: CORAL GABLES, FL 33134 US MIAMI, FL 330156784 US City-St-Zip: City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALBERTO AMOROS S 07/15/2009

() Change () Addition