## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

| DOC UMENT # P03000061964  - INTO Marine HINCAPIE CHIPS, INC.    DISTRICT   BSD2 SW 107 PALE   BSD2 SW 107 PA   |  | WILLIAME                                       | REFURI      |   |   |                               |  |                               |
|--|--|--|-------------|---|---|-------------------------------|--|-------------------------------|
| Making Accrees  INSIGN 28 VI OF PLACE MAMA, Ft. 33157  DO NOT WRITE IN THIS SPACE    Fig. 12 VI  | 1. Entity Nam  | 10   |             |   |   |                               |  |                               |
| ### PONOT WRITE IN THIS SPACE  4. FEI Number 55-2364370  5. Certificate of Status Desired   \$8.75 Additional Fee Reculted   \$8 | 16802 SW 107 PLACE 16802 SW 107 PLACE  |  |             |   |   | SEURITA<br>FALLA              | TO THE Z. TO                             |                               |
| 56-2364370 S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.07.14820 Status Desired   \$8.07.14820 Status Status Status Desired   \$8.07.14820 Status St    |  | OO NOT WRITE                                   | IN THIS SPA | CE  |   |                               | CR2E034 (10/                             | •                             |
| HINCAPIE, HECTRO A 16802 SW 107 PLACE MIAMI, FL 33157  8. The above named enay, submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am femiliar with, and accept the collipations of registered agent.  SIGNATURE:    FILE NOWIII FEE IS 3150.00   D. Election Compalign Rhamcing   S5.00 May 6b   Added to Feee   Added to Fee   | e de la companya de l | a large was                                    |             |   | 56-236  | 4370                          | \$8.75<br>Fee Req                        | Not Applicable<br>Additional  |
| The collegations of registered agent.  SIGNATURE    FILE NOW!! FEE IS \$150.00   9   Election Campaign Financing   \$5,00   May 8e   Added to Fees   Added to Fees   Corporation did not receive the prior notice.    The composition of the register of the re   | 16802 SV   | E, HECTRO A<br>/ 107 PLACE                     |             |   |   | ) - ·                         |  |                               |
| Trust Fund Contribution. Added to Fees corporation did not receive the prior notice.    10.  | the obliga   | tions of registered agent.                     |             | ·   |   | th, in the State of Fi        |  | vith, and accept              |
| TITLE STREET ADDRESS CITY-ST-2P TITLE MAKE STREE   |  | •  |             |   |   | In accordance corporation did | with s. 607.193(2)<br>not receive the pr | (b), F.S., the<br>for notice. |
| TITLE WAVE STREET ADDRESS CITY-ST-ZIP TITLE STREE   | NAME STREET ADDRESS CITY-ST-ZIP TITLE  | DP<br>HINCAPIE, HECTOR A<br>16802 SW 107 PLACE | DIRECTORS   |   |   | 20057<br>205-0102             | 3 <b>4191</b><br>6-032 **                | <b>3</b><br>150:00            |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STRE   | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | -           |   |   |                               | a , 2                                    |                               |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 abcurrate 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 reports or trouse empowered to effect 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 attach from with an address, with all other like empowered.  SIGNATURE:  | NAME<br>Street adoress<br>City-St-Zip  | ·  |             |   | , IN  | r HIS SI                      | ACE                                      |                               |
| NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 electrate 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 reports or those empowered to electrate 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 attach from with an address, with all other like empowered.  SIGNATURE:   | NAME<br>Street Address   |  |             |   | 1.0   |                               |  |                               |
| SIGNATURE: Hello Ville Procident   | name<br>Street address<br>City-St-Zip  |  |             | ,   |   |                               |  |                               |
| TEACH TRANSPORT  |  | Wal wast                                       | LO Xee Pres | remption stated in Stature shall have the ulred by Chapter 60 | ection 119.07(3)(<br>same legal effec<br>7, Florida Statute |                               |  |                               |