2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P03000118402

Entity Name: NICOLE'S CUISINE, INC.

Current Principal Place of Business:

321 NW 92ND AVENUE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

3350 NE 17 TH AVE
APT # A
OAKLAND PARK, FL 33334

Current Mailing Address:

321 NW 92ND AVENUE
PEMBROKE PINES, FL 33024

New Mailing Address:

3350 NE 17 TH AVE
APT # A
OAKLAND PARK, FL 33334

FEI Number: 20-0333699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: BELLEFROID, NICOLE M
Address: 321 NW 92ND AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD ( ) Delete
Name: BELLEFROID, DOMIMINQUE M
Address: 321 NW 92ND AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: BELLEFROID, NICOLE M
Address: 3350 NE 17 TH AVE APT# A
City-St-Zip: OAKLAND PARK, FL 33334

Title: VD (X) Change ( ) Addition
Name: BELLEFROID, DOMIMINQUE M
Address: 3350 NE 17 TH AVE APT#A
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: NICOLE M BELLEFROID PSTD 04/28/2006

Electronic Signature of Signing Officer or Director — Date