


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90020 033 \*\*\*158.75

<b>DOCUMENT # P04000029473</b> 1. Entity Name <b>COOKING BY ISABEL, INC.</b>					
Principal Place of Business <b>% ISABEL MARTINEZ</b> <del>4455 NW 107 AVE, STE 432</del> <b>MIAMI, FL 33172</b>			Mailing Address <b>% ISABEL MARTINEZ</b> <del>4455 NW 107 AVE, STE 432</del> <b>MIAMI, FL 33172</b>		
2. Principal Place of Business - No P.O. Box # <b>6280 SUNSET DR.</b> Suite, Apt. #, etc. <b>301</b>			3. Mailing Address <b>6280 SUNSET DR.</b> Suite, Apt. #, etc. <b>301</b>		
City & State <b>SOUTH MIAMI, FL.</b>		City & State <b>SOUTH MIAMI, FLA</b>		4. FEI Number <b>20-3504738</b>	
Zip <b>33143</b> Country <b>USA</b>		Zip <b>33143</b> Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARTHET, PATRICK C</b> <b>200 S BISCAYNE BLD</b> <b>STE 1800</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MARTINEZ, ISABEL</b> <del>4455 NW 107 AVE, STE 432</del> <del>MIAMI, FL 33172</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11268 S.W. 73 TERR.</b> <b>MIAMI, FL 33173.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP BEATRIZ SPERRY</b> <b>109 WESTMINSTER.</b> <b>TAVERNIER, FL 33070</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: X Isabel Martinez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>02/04/08</b> <b>(305) 343-2460</b> <small>Date Daytime Phone #</small>		