2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 19, 2005 8:00 am Secretary of State DOCUMENT # P04000057725 1. Entity Name 04-15-2005 90097 030 ***150.00 CHIPS AND SALSA, INC. Pi scipal Place of Business Mailing Address 2980 MACFARLANE RD., STE. 201 COCONUT GROVE FL 33133 2980 MACFARLANE RD., STE, 201 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIBBS, W. TUCKER Street Address (P.O. Box Number is Not Acceptable) 215 GRAND AVE. COCONUT GROVE FL 33133 City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition MASRICH, ROBERT M NAME NAME MICHAEL 2980 MACFARLANE RD., STE. 201 STREET ADORESS STREET ADDRESS COCONUT GROVE FL 33133 FL. 8.3133 CITY-ST-ZP CITY-ST-ZIP CONUT GROVE HILE Addition ☐ Delete TIBLE MICHAEL G. MASRIEH 12180 SW TI COURT Change NAME NAME STREET ADDRESS STREET ADORESS PINECREST FL 33156 CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P HILE Del ete TITLE ☐ Change ■ Addition NAME MALIT STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP 12. Thereby 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 the and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of sustee empoyered 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 pther like empowered the empowered to the changed. MICHARL G SIGNATURE:

FILED