

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000068164

FILED
Jan 23, 2009
Secretary of State**Entity Name:** THE MACKNIGHT SMOKE HOUSE, INC.**Current Principal Place of Business:**550 NE 185TH STREET
MIAMI, FL 33179**New Principal Place of Business:****Current Mailing Address:**10305 SABAL PALM AVE
CORAL CABLES, FL 33156**New Mailing Address:**550 NE 185TH STREET
MIAMI, FL 33179**FEI Number:** 20-1057545**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROWN, JONATHAN
10305 SABAL PALM AVE
CORAL CABLES, FL 33156 US**Name and Address of New Registered Agent:**ROSE, STEPHEN
550 NE 185TH STREET
MIAMI, FL 33179 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: STEPHEN ROSE

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: BROWN, JONATHAN S R
Address: 10305 SABLE PALM AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: VP () Delete
Name: ROSE, STEPHEN
Address: 55 DREAMY HILL AVE
City-St-Zip: NORTH LAS VEGAS, NV 89031

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, GRAHAME R
Address: 550 NE 185TH ST
City-St-Zip: MIAMI, FL 33179

Title: VP,S (X) Change () Addition
Name: ROSE, STEPHEN
Address: 55 DREAMY HILL AVE
City-St-Zip: NORTH LAS VEGAS, NV 89031

Title: T () Change (X) Addition
Name: JONES, STEPHEN D
Address: 550 NE 185TH STREET
City-St-Zip: MIAMI, FL 33179

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.

SIGNATURE: STEPHEN ROSE

VP

01/23/2009

Electronic Signature of Signing Officer or Director

Date