

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90085 022 ***150.00

DOCUMENT # P04000073481

1. Entity Name
F & R CHICKEN CORP.



Principal Place of Business C/O 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126	Mailing Address C/O 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126
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2. Principal Place of Business 6303 Blue Lagoon Drive	3. Mailing Address 6303 Blue Lagoon Drive
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Suite, Apt. #, etc. 390	Suite, Apt. #, etc. 390
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City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
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Zip 33126-6005	Country USA	Zip 33126-6005	Country USA
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03072005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1154959	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**MARQUEX & MARCELO-ROBAINA, P.A.
782 NW LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126**

7. Name and Address of New Registered Agent
Name
MARQUEZ & MARCELO-ROBAINA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
6303 Blue Lagoon Drive - Suite 390
City
MIAMI FL Zip Code
33126-6005

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 *Jose Marquez* (NOTE: Registered Agent signature required when reinstating) DATE 4/15/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PINEDA, FIDEL 11941 SW 3RD STREET MIAMI, FL 33184 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD IGLESIAS, ROBERTO 7803 SW 139TH COURT MIAMI, FL 33183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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 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 another like empowered.

SIGNATURE: *Jose Marquez* President 04/15/2005 (305) 262-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #