2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

## Author Place of Business ## Author STREET ## 2324 SW 44TH STREET ## 2	DOCUMENT # P04000087183 1. Entity Name HOSPITALITY BEAN COUNTERS PLUS, INC.					04-10-2008 90018 030 ***150.00			
#2 Pipicipal Place of Business - No P O. Box # CAS MY A State 2. Pipicipal Place of Business - No P O. Box # CAS MY A STATE Storin AR FLE A STATE Applied For Institution Agent	Principal Place of Business		Mailing Address						
FORT LAUDERDALE, FL 33312 2. Pyropapal Pince of Business - No P.O. Box # LAUBERDALE, FL 33312 Suite, April #, etc. Suite, April #						•			
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Secretary Secr	Sano, Apr. 11, Sto.		Suite. Apr. 11, sic.		0113	2008 Chg-P	CR2E034 (12/06)		
S. Name and Address of Current Registered Agent JANIS, WENDY M JANIS WENDY M JANIS WATH STREET #2 FORT LAUDERDALE, FL 33312 **CITY OF Book Number is Not Acceptable) **DATE: **DATE: **CITY OF BOOK Number is Not Acceptable) **DATE:	Pompano Beach, FL		Pompano Beach, FL		I		No	t Applicable	
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JANIS, WENDY M 3241 SW 44TH STREET #2 FORT LAUDERDALE, FL 33312 8. The above named entity submits this statement for the purpose of changing its repistered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objections of registered agent. Or both, or the State of Fiorida. I am familiar with, and accept the objections of registered agent. Or both, or the State of Fiorida. I am familiar with, and accept the objections of registered agent. Or both, or the State of Fiorida. I am familiar with, and accept the objections of registered agent. Or both, or the State of Fiorida. I am familiar with, and accept the objections of registered agent. Or both, or the State of Fiorida. I am familiar with, and accept the objections of registered agent. Or both, or the State of Fiorida. I am familiar with, and accept the objections of registered agent. Or both, or the State of Fiorida. I am familiar with, and accept the objections of registered agent. Or both, or the State of Fiorida. I am familiar with, and accept the objections of registered agent. Or both, or the State of Fiorida. I am familiar with, and accept the objection of the state of Fiorida. I am familiar with, and accept the objection of the state of Fiorida. I am familiar with, and accept the objection of the state of Fiorida. I am familiar with, and accept the objection of the state of Fiorida. I am familiar with, and accept the objection of the state of Fiorida. I am familiar with, and accept the objection of the state of Fiorida. I am familiar with, and accept the objection of the state of Fiorida. I am familiar with, and accept the objection of the state of Fiorida. I am familiar with, and accept the object of the state of Fiorida. I am familiar with, and accept the object of the state of Fiorida. I am familiar with, and accept the object of the state of Fiorida. I am familiar with, and accept the object of the state of Fiorida. I am familiar with, and accept the object of Fiorida. I am familiar with, and accept the o		6. Name and Address of Current F	Registered Agent		7. Nan	ne and Address of Nev	w Registered Agent		
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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.

SIGNATURE:

SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan's, Pres

4/8/08

(954) 9160-6900