## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000094888

1. Entity Name
TASTE OF THE ISLAND KITCHEN, INC.



**FILED** Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90313 005 \*\*\*150.00

PRINCIPAL PLACE OF Business 2710 W. OAKLAND PARK BLVD FT. LAUDERDALE, P. 33311 FT. LAUDERDALE, P. 33312 FT. LAUDERDALE, P. 33312 FT. LAUDERDALE, P. 33311 FT. LAUDERDALE, P. 33311 FT. LAUDERDALE, P. 33311 FT. LAUDERDALE, P. 33311 FT. LAUDERDALE, P. 33312 FT. LAUDERDALE, P												
F. LAUDERDALE, FL 33311  2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4,	Principal Place of Business Mailing Address .							ባብበ	2921	ß		
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State   Country   State   Co	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04052005	Chg-P	CR2E03	14 (10/03)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature  Signature spood or printer name street applicable.  (MOTE flagurant Agent a	City & State			City & State			4. FEI Numb	28864	18			
HILLIMAN, PHILBERT 3551 NW 95TH TERRACE, UNIT 303 SUNRISE, FL 33351  City FL Zip Code  6. 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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWITI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME BROWN, MERRINDA STREET ADDRESS CITY-ST-2P  DAY  OPP OP O	Zip Country			Zip	Zip Country			of Status Desired				
HILLIMAN, PHILBERT 3551 NW 95TH TERRACE, UNIT 303 SUNRISE, FL 33351    City   FL   Zip Code		6. Name	and Address of Current I	Registered Agent	7. Name and Address of New Registered Agent							
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, Spond or printer rame of registered agent.  SIGNATURE  Signature, Spond or printer rame of registered agent.  PLE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  8. Election Campaign Financing Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  ITIE  BP  BROWN, MERRINDA  BROWN, MERRINDA  BROWN, MERRINDA  BROWN, MERRINDA  BROWN, MERRINDA  BROWN, MERRINDA  STREET ADDRESS  CITY-ST-ZIP.  LAUDERDALE LAKES, FL 33319  CITY-ST-ZIP.  Detele  TITLE  DST  TITLE  NAME  HAYNES, MONICA  TITLE  NAME  HAYNES, MONICA  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP.  Detele  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP.  DETELE  OCTY-ST-ZIP.  DETELE  OCTY-	HILLIMAN	PHII BEG	e <b>T</b>			Name						
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  12. Lhereby certify that the information supplied with this filling close not quality for the examption stated in Section 119 07(3Vi). Florida Statutes. I turther certify that the information		L	<u> </u>			L						

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 <u>trustee</u> 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.

GNATURE:

GNATURE: