


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

**DOCUMENT # P04000103252**

**1. Entity Name**  
**SOBEMENUS.COM, INCORPORATED**



|   |   |
|---|---|
| Principal Place of Business               | Mailing Address                           |
| 10811 NW 21ST STREET<br>SUNRISE, FL 33322 | 10811 NW 21ST STREET<br>SUNRISE, FL 33322 |

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

04282005 Chq-P CR2E034 (10/03)

|               |                                     |                |
|---------------|-------------------------------------|----------------|
| 4. FEI Number | <input checked="" type="checkbox"/> | Applied For    |
|               | <input type="checkbox"/>            | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent            |  |
|--|--|
| MUNOZ, SEAN M<br>10811 NW 21ST STREET<br>SUNRISE, FL 33322 |  |

|  |                                   |
|--|-----------------------------------|
| <b>7. Name and Address of New Registered Agent</b> |                                   |
| Name   |                                   |
| Street Address (P.O. Box Number is Not Acceptable) |                                   |
|  |                                   |
| City   | <div>FL</div> <div>Zip Code</div> |

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** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

| <b>10.</b>   |   | <b>OFFICERS AND DIRECTORS</b>   |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br><br>MUNOZ, SEAN M<br>10811 NW 21ST STREET<br>SUNRISE, FL 33322   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br><br>MUNOZ, LINDA L<br>10811 NW 21ST STREET<br>SUNRISE, FL 33322 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |

[illegible]

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 supplement 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:** SEAN MUNOZ 4-25-05 786-277-8017