

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000116301

Entity Name: POCKET CHEFF, INC.

FILED
Aug 01, 2007
Secretary of State

Current Principal Place of Business:

11869 SW 43RD COURT
DAVIE, FL 333301912 US

New Principal Place of Business:

Current Mailing Address:

11869 SW 43RD COURT
DAVIE, FL 333301912 US

New Mailing Address:

FEI Number: 20-1470475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARAL, EVALDO B
11869 SW 43RD COURT
DAVIE, FL 333301912 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TRE () Delete
Name: AMARAL, EVALDO B
Address: 11869 SW 43RD COURT
City-St-Zip: DAVIE, FL 33330

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: AMARAL, EVALDO B
Address: 11869 SW 43RD COURT
City-St-Zip: DAVIE, FL 33330

Title: VP () Change (X) Addition
Name: AMARAL, EVALDO
Address: 16180 SOUTH POST ROAD, APT 204
City-St-Zip: WESTON, FL 33331

Title: SECR () Change (X) Addition
Name: NOVO, MAURICIO S
Address: 1198 VENETIAN WAY, APT 315
City-St-Zip: MIAMI, FL 33139

Title: TRE () Change (X) Addition
Name: NOVO, MAURICIO S
Address: 1198 VENETIAN WAY, APT 315
City-St-Zip: MIAMI, FL 33139

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: EVALDO B. AMARAL

PRES

08/01/2007

Electronic Signature of Signing Officer or Director

Date