

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90254 003 ***158.75

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1. Entity Name
CHEF'S CORNER, CORP.



Principal Place of Business
256 ALTARA AVE.
CORAL GABLES, FL 33146

Mailing Address
256 ALTARA AVE.
CORAL GABLES, FL 33146

50018892



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1515610

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PLANA, JORGE
405 BARBAROSSA
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PLANA, JORGE
STREET ADDRESS	% 405 BARBAROSSA
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	JUANITA PLANA
NAME	405 BARBAROSSA
STREET ADDRESS	CORAL GABLES, FL 33146
CITY-ST-ZIP	
TITLE	VANA C. PLANA
NAME	405 BARBAROSSA
STREET ADDRESS	CORAL GABLES, FL 33146
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06