

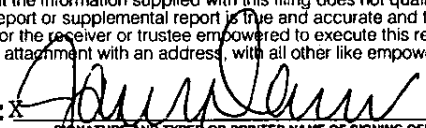


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90071 037 \*\*\*150.00

<b>DOCUMENT # P04000124671</b> 1. Entity Name <b>RED HOT MAMA'S OF BOCA, INC.</b>					
Principal Place of Business <b>1446 NW 2ND AVE SUITE 105 BOCA RATON, FL 33432</b>			Mailing Address <b>1446 NW 2ND AVE SUITE 105 BOCA RATON, FL 33432</b>		
2. Principal Place of Business <b>200 SOUTH FEDERAL HWY</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>BOCA RATON, FL</b> Zip <b>33432</b> Country <b>U.S.</b>		City & State Zip Country		4. FEI Number <b>20-1599810</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>DARROW, JANIE 1446 NW 2ND AVE SUITE 105 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>JANIE DARROW</b> Street Address (P.O. Box Number is Not Acceptable) <b>290 SILVER PALM ROAD</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33432</b>		
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 <input checked="" type="checkbox"/> <b>JANIE DARROW, PR</b> <b>2/9/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARROW, JANIE</b> <b>290 SILVER PALM ROAD</b> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE: </b>		<b>JANIE DARROW, PR</b>		<b>2/9/05</b> <b>561-392-1969</b> <small>Date Daytime Phone #</small>	