

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90194 006 ***158.75

DOCUMENT # P05000025815 1. Entity Name HUNGRY TIGERS, INC.			
Principal Place of Business 17830 NE 5TH AVE NORTH MIAMI BEACH, FL 33162		Mailing Address 17830 NE 5TH AVE NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business - No P.O. Box # 1765 NW 185TH TERRACE		3. Mailing Address P.O. Box 695245	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33056		Zip 33269-2245	
Country USA		Country USA	
4. FEI Number 34-2039703		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORESIGHT INVESTMENT CORPORATION 17830 NE 5TH AVE NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Foresight Investment Corporation Street Address (P.O. Box Number is Not Acceptable) 1765 NW 185TH TERRACE City Miami FL Zip Code 33056	
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: Melissa T. Lewis, CEO APR 16 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEOP <input type="checkbox"/> Delete	NAME LEWIS, MELISSA J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 1765 N.W. 185TH TERRACE	CITY-ST-ZIP MIAMI, FL 33056	STREET ADDRESS 	CITY-ST-ZIP
TITLE VP <input type="checkbox"/> Delete	NAME LEWIS, SILIENA D	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 3120 NW 205TH TERRACE	CITY-ST-ZIP MIAMI, FL 33056	STREET ADDRESS 	CITY-ST-ZIP
TITLE ST <input type="checkbox"/> Delete	NAME LEWIS, MONICA I	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 1765 NW 185TH TERRACE	CITY-ST-ZIP MIAMI, FL 33056	STREET ADDRESS 	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME LEWIS, BILLY J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 8652 SOUTHAMPTON DR	CITY-ST-ZIP MIRAMAR, FL 33025	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: Melissa T. Lewis, CEO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/16/07 (305) 762-2097 <small>Date Daytime Phone #</small>	