

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027038

Entity Name: TABLE D'HOTE, INC.

FILED
Feb 21, 2006
Secretary of State

Current Principal Place of Business:

1455 N TREASURE DRIVE STE 5E
N BAY VILLAGE, FL 33141

New Principal Place of Business:

18731 NW 5TH STREET
PEMBROKE PINES, FL 33029

Current Mailing Address:

1455 N TREASURE DRIVE STE 5E
N BAY VILLAGE, FL 33141

New Mailing Address:

18731 NW 5TH STREET
PEMBROKE PINES, FL 33029

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAST, LOUIS F
4805 NW 79 AVE #9
DORAL, FL 33166 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WILSON, LEDA M
Address: 1455 N TREASURE DRIVE STE 5E
City-St-Zip: N BAY VILLAGE, FL 33141

Title: VS (X) Delete
Name: REVILLA, MONICA L
Address: 1455 N TREASURE DRIVE STE 5E
City-St-Zip: N BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WILSON, LEDA M
Address: 18731 NW 5TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEDA M. WILSON

DPT

02/21/2006

Electronic Signature of Signing Officer or Director

Date