


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90058 037 \*\*\*158.75

<b>DOCUMENT # P05000045109</b> 1. Entity Name <b>DADDY'S FINGER LICKING JAMAICAN RESTAURANT, INC.</b>																													
Principal Place of Business <b>2479 N STATE RD 7 LAUDERHILL, FL 33313-3723</b>			Mailing Address <b>2479 N STATE RD 7 LAUDERHILL, FL 33313-3723</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>74-3039242</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04202007      Chg-P      CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent  <b>ALEXANDER, ANGELA A 2238 NW 93RD TERR APT B MIAMI, FL 33147-3068</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10911 BISCAYNE BLVD.</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33161</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: _____ (NOTE: Registered Agent signature required when re-registering)      DATE: _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>ALEXANDER, ANGELA A</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2238 NW 93RD TERR APT B</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI, FL 331473068</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>ALEXANDER, ANGELA A</b>		STREET ADDRESS	<b>2238 NW 93RD TERR APT B</b>		CITY-ST-ZIP	<b>MIAMI, FL 331473068</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>10911 BISCAYNE BLVD.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MIAMI, FL 33161</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>10911 BISCAYNE BLVD.</b>		STREET ADDRESS	<b>MIAMI, FL 33161</b>		CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b> <u><i>Angela A. Alexander</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/19/07</u> <small>Date      Daytime Phone #</small>																									