2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 14, 2006 8:00 am Secretary of State **DOCUMENT # P05000089631** 04-14-2006 90137 026 ***150.00 1. Entity Name HOOKAH HUT, INC. Principal Place of Business Mailing Address 2401 NORTH FEDERAL HIGHWAY 2401 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431-7756 BOCA RATON, FL 33431-7756 2. Principal Place of Business 3. Mailing Address 2980 North Federal Highway 2980 North Federal Highway Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034.(1.1/05)..... 03302006 Chg-P Suite 4 Suite 4 Applied For City & State 4. FEI Number City & State Not Applicable Boca Raton. <u>Florida</u> 20-3055061 Boca Raton, Florida Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required USA 33431 33431 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hitesh Buch MATHAL NEWMON Street Address (P.O. Box Number is Not Acceptable) 2401 NORTH FEDERAL HIGHWAY 2980 North Federal Highway BOCA RATON, FL 33431-7756 Fort Lauderdale 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. the obligations of aggistered agent. HITESH BUCH SIGNATURE! ethneria-printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. P/S ☐ Change XX Addition Delete TITLE TITLE Hitesh Buch NAME NAME 2980 North Federal Highway, Suite 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boca Raton, FL 33431 CITY-ST-ZIP VP/T ☐ Delete TITLE Change XX Addition TITLE Newmon Mathai NAME NAME 2980 North Federal Highway, Suite 4 STREET ADDRESS STREET ADDRESS Boca Raton, FL 33431 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. V954-298-9732 HITESH BUCH

FILED