2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # P05000111247 04-07-2008 90048 042 ***150.00 1. Entity Name CAROL CUISINE, INC. Principal Place of Business Mailing Address P O BOX 522393 P O BOX 522393 MIAMI, FL 33152 MIAML FL 33152 CR2E034 (11/05) 03222008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3288310 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAROL, OSCAR DO NOT WRITE 1865 BRICKELL AVE APT 1511 M72 MIAMI, FL 33129 IN THIS SPACE 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, typed or printed name of registered agent and title if spolicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CAROL, OSCAR A NAME STREET ADDRESS 1865 BRICKELL AVE APT 1511 CITY-ST-ZIP MIAMI, FL 33129 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS -- DO NOT WRITE --CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ACCRESS CITY-ST-ZIP NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED