## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000159199

14235 SW 154 STREET

MIAMI, FL 33177

Address: City-St-Zip:

Entity Name: LIL' PARTY CHEFS CORPORATION

FILED Feb 02, 2006 Secretary of State

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Current P	rincipal Pla	ce of Business:	New Principal Place of Business:	New Principal Place of Business:		
POST OFF MIAMI, FL	FICE BOX 77 33177 U		14235 SW 154 STREET MIAMI, FL 33177 US			
Current M	lailing Addı	ess:	New Mailing Address:			
	154 STREE 33177-103		PO BOX 770566 MIAMI, FL 33177 US			
FEI Number:	: 26-0129997	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status	Desired (X)		
Name and Address of Current Registered Agent:			Name and Address of New Registered Ag	Name and Address of New Registered Agent:		
RIOS, MA` 14235 SW MIAMI, FL	154 STREE					
	named entite of Florida.	ry submits this statement for t	ne purpose of changing its registered office or registered a	gent, or both,		
SIGNATUR	RE:					
	Electr	onic Signature of Registered	Agent Date			
Election Car	mpaign Financ	ing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P CORDOBA, 2302 SE 23 HOMESTEA		Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	P RIOS, MAYT 14235 SW 1 MIAMI, FL 3	54 STREET	Title: P/T (X) Change ( ) Addition Name: RIOS, MAYTEE A Address: 14235 SW 154 STREET City-St-Zip: MIAMI, FL 33177			
Title: Name:	TREA RIOS, MAYT	(X) Delete EE A	Title: ( ) Change ( ) Addition Name:			

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.

Address:

City-St-Zip:

SIGNATURE: MAYTEE A. RIOS P/T 02/02/2006