2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # P05000162841** 04-03-2006 90391 003 ***150.00 BOCÁ KITCHEN HOLDINGS, INC. Mailing Address Principal Place of Business 730 S POWERLINE ROAD 730 S POWERLINE ROAD SUITE I SUITE I DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. 03272006 Chg-P CR2E034 (11/05), 4. FEI Numbe Applied For City & State City & State Not Applicable 20-3 ΖIρ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUSAN J. BROTMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 2424 N FEDERAL HIGHWAY SUITE 411 BOCA RATON, FL 33431 Zip Code City 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_ DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Delete TIFLE ☐ Change ☐ Addition THILE CHOI, YEJIN NAME NAME 730 S. POWERLINE ROAD, SUITE I STREET LADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY - S1-70P CITY-SI-7IP Del ata Change Addition MLE NAME NAME STREET ADORESS STREET ADDRESS CITY-SI-ZP CITY ST. 7P TILLE ☐ Deleta TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-71P CITY-ST-ZIP ☐ Delete IIILE Change ☐ Addition TITLE NAME HALLE STREET ADDRESS STREET ADDRESS CITY-S1-ZP CITY-ST-702 THIF ☐ Channe ■ Addition TITLE Del eta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-719 ■ Addition ☐ Change TITLE Oelete TITLE NAME STREET ADDRESS STREE I ADDRESS CITY-SI-ZIP CITY-SI-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutas. 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 06

FILED

9,14-628-404