

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90035 019 \*\*\*158.75

<b>DOCUMENT # P06000096132</b> 1. Entity Name <b>EXTRA CHEESE, INC.</b>																											
Principal Place of Business <b>2218 NORTH CONGRESS AVE. BOYNTON BEACH, FL 33426</b>		Mailing Address <b>4766 SW BIMINI CIRCLE SOUTH PALM CITY, FL 34990</b>																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>5013 SW SAINT CREEK DR.</b> Suite, Apt. #, etc.																									
City & State Zip		City & State <b>Palm City, FL</b> Zip <b>34990</b>																									
Country <b>U.S.A.</b>		4. FEI Number <b>35-2278804</b>																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent <b>J&amp;O ACCOUNTING SERVICES, INC. 13831 SW 59TH STREET SUITE 205 MIAMI, FL 33183</b>		7. Name and Address of New Registered Agent Name <b>Jimenez, Alexis J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5013 SW SAINT CREEK DR.</b> City <b>Palm City</b>																									
State <b>FL</b>		Zip Code <b>34990</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 obligation of registered agent. SIGNATURE: <i>[Signature]</i> Pres. Alexis Jimenez 2-6-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
<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"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JIMENEZ, ALEXIS J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4766 SW BIMINI CIRCLE SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM CITY, FL 34990</td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	JIMENEZ, ALEXIS J		STREET ADDRESS	4766 SW BIMINI CIRCLE SOUTH		CITY-ST-ZIP	PALM CITY, FL 34990		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">PRESIDENT</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JIMENEZ, ALEXIS J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5013 SW SAINT CREEK DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM CITY, FL 34990</td> <td></td> </tr> </table>		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JIMENEZ, ALEXIS J.		STREET ADDRESS	5013 SW SAINT CREEK DRIVE		CITY-ST-ZIP	PALM CITY, FL 34990	
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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.																											
SIGNATURE: <i>[Signature]</i> Pres. Alexis Jimenez 2-6-07 260-6373 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #</small>																											