2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 07, 2007 8:00 am Secretary of State DOCUMENT # P06000145912 03-07-2007 90010 023 ***150.00 MR. CHEF MIAMI, INC Principal Place of Business Mailing Address 15551 SW 155TH AVE. 15551 SW 155TH AVE. MIAMI, FL 33187 MIAMI, FL. 33187 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 CR2E034 (12/06) Cha-P 4. FEI Number City & State City & State Applied For 06-1807506 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEDEROS, IHOSVANY Street Address (P.O. Box Number is Not Acceptable) 15551 SW 155TH AVE. MIAMI, FL 33187 Zip Code 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TATLE [] Change [] Addition NAMI MEDEROS, IHOSVANY NAME STREET ADDRESS 15551 SW 155TH AVE. STREET ADDRESS MIAMI, FL. 33187 COY-ST-ZIP CFFY-ST-ZIP TITLE ☐ Defete TIFLE [] Change [] Addition Omaida LOPEZ, OMAIRA -NAME NAME STREET ADDRESS 15551 SW 155TH AVE. STREET ALXORESS CITY-ST-ZIP MIAMI, FL. 33187 CITY - ST - 71P TITLE ☐ Delete [] Addition [] Change NAMI NAMS STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-71P TITLE □ Delete [] Change [] Addition NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIE CITY-\$1-7(P TOTLE ☐ Delete [] Change [] Addition NAMI NAM STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE [] Change [] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby 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 by rue 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 explowered 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 actuals, with all other like empowered.

FILED