

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2008 8:00 am
Secretary of State

06-11-2008 90002 005 ***150.00

DOCUMENT #.P07000113126 1. Entity Name SOUS CHEF 2 GO INC.					
Principal Place of Business 12970 SOUTHWEST 107TH TERRACE MIAMI, FL 33186			Mailing Address 12970 SOUTHWEST 107TH TERRACE MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3970626 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				06022008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name JOSE F. MONTES-DE-OLA, CPA Street Address (P.O. Box Number is Not Acceptable) 12970 SW 107 TERR City MIAMI FL 33186		
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 <u><i>Jose F. Montes de Ola</i></u> CHIEF FINANCIAL OFFICER 6/9/08 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARTHA MONTES-DE-OLA 12970 SW 107 TERR MIAMI, FL 33186 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DAVID CORE 900 SW 8ST #1103 MIAMI, FL 33130 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JUAN GARANTIVA 7421 SW 152 AVE #206 MIAMI, FL 33193 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARITZA DELA CERDA 16066 SW 66 TERR MIAMI, FL 33193 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u><i>M Montes de Ola</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>6/9/08</u> Date Daytime Phone #		

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