

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116334

Entity Name: NOAH'S RED HOTS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3050 ALAFAYA TRAIL
OVIEDO, FL 32765 US

New Principal Place of Business:

7583-6 UNIVERSITY BLVD
WINTER PARK, FL 32792 US

Current Mailing Address:

4002 LAKE MIRAGE BLVD.
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 26-1306737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAZQUEZ, CARMEN R
4002 LAKE MIRAGE BLVD.
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: VAZQUEZ, ROBERTO
Address: 4002 LAKE MIRAGE BLVD.
City-St-Zip: ORLANDO, FL 32817 US

Title: TRES () Delete
Name: VAZQUEZ, CARMEN R
Address: 4002 LAKE MIRAGE BLVD.
City-St-Zip: ORLANDO, FL 32817 US

Title: SEC () Delete
Name: VAZQUEZ, CARMEN R
Address: 4002 LAKE MIRAGE BLVD.
City-St-Zip: ORLANDO, FL 32817 US

Title: DIR () Delete
Name: VAZQUEZ, CARMEN R
Address: 4002 LAKE MIRAGE BLVD.
City-St-Zip: ORLANDO, FL 32817 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPRS (X) Change () Addition
Name: VAZQUEZ, CARMEN R
Address: 4002 LAKE MIRAGE BLVD.
City-St-Zip: ORLANDO, FL 32817 US

Title: TRES (X) Change () Addition
Name: VAZQUEZ, CARMEN R
Address: 4002 LAKE MIRAGE BLVD.
City-St-Zip: ORLANDO, FL 32817 US

Title: SEC (X) Change () Addition
Name: VAZQUEZ, ROBERTO M
Address: 4002 LAKE MIRAGE BLVD
City-St-Zip: ORLANDO, FL 32817 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CARMEN R VAZQUEZ

VPRS

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date