## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_

## FILED Apr 30, 2008 8:00 am Secretary of State

786 306 1215

04 21 08

DOCUMENT # P07000123469  1. Entity Name D&B ISLAND KITCHEN, INC.									04-3	30-2008	90207	029 ***15	50.00	
Principal Place of Business 6857 TAFT STREET HOLLYWOOD, FL 33024 US			685	Mailing Address 6857 TAFT STREET HOLLYWOOD, FL 33024 US					UU HIIIIIII	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	•	(8) 4 8 8   1  <b>0 00</b>	I Allin Biber Beeld A	11   \$ 11
Principal Place of Business - No.P.D. Box #     3. Mailing Address														
Suite, Apt.	Sui	Suite, Apt. #, etc.					01052008	Ch	g-P	CR2E	(12/06)	)		
City & State			City	City & State					4. FEI Numb	er	1413	163		pplied For lot Applicable
Zip	Zip Country			Zip Coun					5. Certificate				\$8.75 Ad	Iditional
	nt Register	Registered Agent					7. Name and	d Addres	s of New F	Registered				
WINT, DENVER 6857 TAFT STREET HOLLYWOOD, FL 33024							Street Add	dress (F	P.O. Box Numb	per is Not	Acceptable	e) Fl	Zip Coo	de
	named entit ions of regis	ty submits this statement tered agent.	for the purp	oose of cha	nging its	registered	d office or r	register	ed agent, or bo	oth, in the	State of Flo			, and accept
SIGNATURE	Signature byper	or printed name of registered age	et and title if an	nicable	(NOTE	F: Registered	Agent signature	e required	when reinstating)			DATE		
FILI After Ma	E NOWIII	FEE IS \$150.00 8 Fee will be \$550		9. Election		ign Financ		<b>\$</b> 5.	00 May Be ed to Fees					
10.	PVST -	OFFICERS AN	D DIRECTO		1.5.	11.			ADDITIONS	/CHANG	ES TO OFF	FICERS AN	ID DIRECTOR  Change	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	WINT, DE 6857 TAF	ENVER FT STREET FOOD, FL 33024		☐ De	lete	TITLE NAME STREE' CITY-S	T ADORESS ST-ZIP						□ chaige	☐ ¥GOIRION
TITLE NAME STREET ADDRESS CITY-SI-ZIP		ENVER T STREET OOD, FL 33024	-	□ De	ete	TITLE NAME STREET	I ADDRESS						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6857 TAF	CARLOS T STREET OOD, FL 33024		☐ De	lete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ De	lete	TITLE NAME STREE CITY-S	l' address St-zip						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ De	lele	TITLE NAME STREE CHY-S	T ADDRESS ST-ZIP						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ De	lete -		T ADDRESS		-				☐ Change	Addition
	certify that the lon this report poration or to or on an att	ne information supplied wort or supplemental report the receiver or trustee em achment with an address	rith this filing t is true and powered to s, with all of	does not accurate a execute the her like emp	qualify fo and that n is report powered.	or the exer ny signatu as require	mptions co ore shall had ed by Chap	ntained ive the s oter 607	l in Chapter 11 same legal effe , Florida Statut	9, Florida ct as if m es; and th	a Statutes, ade under hat my nam	I further ce oath; that ne appears	ertify that the I am an office in Block 10 o	information or director or Block 11 if