

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002759

FILED
Jan 19, 2009
Secretary of State

Entity Name: RIBS "N" WRAPS, INC.

Current Principal Place of Business:

8440 SW 16TH STREET
MIMAI, FL 33155

New Principal Place of Business:

27411 S DIXIE HWY
MIAMI, FL 33032

Current Mailing Address:

8440 SW 16TH STREET
MIMAI, FL 33155

New Mailing Address:

8440 SW 16TH STREET
MIAMI, FL 33155

FEI Number: 26-1743041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMEIDAN, MOUNIR A
8440 SW 16TH STREET
MIMAI, FL 33155 US

Name and Address of New Registered Agent:

HOMEIDAN, MOUNIR A
8440 SW 16TH STREET
MIAMI, FL 33155 US

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: MOUNIR A HOMEIDAN

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOMEIDAN, MOUNIR A
Address: 8440 SW 16TH STREET
City-St-Zip: MIMAI, FL 33155

Title: SD () Delete
Name: HOMEIDAN, AUREA P
Address: 8440 SW 16TH STREET
City-St-Zip: MIMAI, FL 33155

Title: TD () Delete
Name: HOMEIDAN, GRACE
Address: 8440 SW 16TH STREET
City-St-Zip: MIMAI, FL 33155

Title: VTD () Delete
Name: HOMEIDAN, AMINA
Address: 8440 SW 16TH STREET
City-St-Zip: MIMAI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOMEIDAN, MOUNIR A
Address: 8440 SW 16TH STREET
City-St-Zip: MIAMI, FL 33155

Title: SD (X) Change () Addition
Name: HOMEIDAN, AUREA P
Address: 8440 SW 16TH STREET
City-St-Zip: MIAMI, FL 33155

Title: TD (X) Change () Addition
Name: HOMEIDAN, GRACE
Address: 8440 SW 16TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VTD (X) Change () Addition
Name: HOMEIDAN, AMINA
Address: 8440 SW 16TH STREET
City-St-Zip: MIAMI, FL 33155

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: MOUNIR A HOMEIDAN

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date