2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000038149

Entity Name: ISLAND TWIST RESTAURANT, INC

FILED Apr 14, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1366 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983 US

Current Mailing Address: New Mailing Address:

3122 SW HICKENLOOPER STREET PORT ST LUCIE, FL 34953 US

FEI Number: 26-4776724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TELFORT, GERTA

1121 NW 203 STREET

MIAMI, FL 33169 US

MORENCY, GERTA

1121 NW 203 STREET

MIAMI, FL 33169 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: GERTA MORENCY 04/14/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

Name: PIERRE, ANNETTE

Address: 3122 SW HICKENLOOPER STREET City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: F

Name: CARABALLO, WILFREDO

Address: 3122 SW HICKENLOOPER STREET City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VP

Name: CARABALLO, BONISHA

Address: 3122 SW HICKENLOOPER STREET City-St-Zip: PORT ST LUCIE, FL 34953

Title: TREA

Name: CARABALLO, CASEY

Address: 3122 SW HICKENLOOPER STREET City-St-Zip: PORT ST LUCIE, FL 34953

Title: SEC

Name: PIERRE, ANISHA

Address: 3122 SW HICKENLOOPER STREET City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: ANNETTE PIERRE P 04/14/2011