2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000063356

Entity Name: FAMILY CUISINE OF FLORIDA INC.

FILED Apr 28, 2011 Secretary of State

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

1572 NE 165 STREET

NONE

NORTH MIAMI BEACH, FL 33162 US

Current Mailing Address: New Mailing Address:

US

1572 NE 165 STREET

NONE

NORTH MIAMI BEACH, FL 33162 US

FEI Number: 27-0623585 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:

JULIEN, MARYSE 1680 NW 193 STREET MIAMI GARDENS, FL 33169

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

OFFICERS AND DIRECTORS:

Title: PRES

Name: JULIEN, MARYSE Address: 1572 NE 165 ST.

City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VP

Name: VINCENT, SAINT-SURIN Address: 1572 NE 165 ST.

City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VS

Name: VINCENT, ANISHA Address: 1572 NE 165 ST

City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VS

Name: VINCENT, DARREL Address: 1572 NE 165 ST

City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VS

Name: VINCENT, AMANDA Address: 1572 NE 165 ST

City-St-Zip: NORTH MIAMI BEACH, FL 33169 US

Title: VS

Name: CLEMENT, JUDESON Address: 1572 NE 165 ST

City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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: MARYSE JULIEN PRES 04/28/2011