

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000001060

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** CHEF 'O CARIBBEAN RESTAURANT, INC.

**Current Principal Place of Business:**

19 NORTH 9TH STREET  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

650 MESILLA DRIVE  
KISSIMMEE, FL 34758

**New Mailing Address:**

**FEI Number:** 27-1616924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, DIANNE P  
650 MESILLA DRIVE  
KISSIMMEE, FL 34758 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEWIS, OREL H  
Address: 650 MESILLA DRIVE  
City-St-Zip: KISSIMMEE, FL 34758

Title: S  
Name: LEWIS, DIANNE P  
Address: 650 MESILLA DRIVE  
City-St-Zip: KISSIMMEE, FL 34758

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: OREL LEWIS

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date