FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000032278 (0)**

1. Corporation Name

SALAD HOUSE CAFE, INC.

Principal Place of Business	Mailing Address
2020 W. MCNAB ROAD. SUITE 127 FORT LAUDERDALE FL 33309	2020 W. MCNAB ROAD. SUITE 127 FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 04/25/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 610 Lincoln Road	26 610 Lincoln Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Beach - FL	City & State 28 Miami Beach - FL
Zip 24 33139 Country 25 USA	Zip 29 33139 Country 30 USA

4. FEI Number: 650608032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CARSON, WAYNE
7901 S.W. 36TH STREET
SUITE 100
DAVIE FL 33328

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent, and title if applicable) (Note: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MANGIAMARCHI, PEDRO		1.2 NAME		
STREET ADDRESS	2020 W. MCNAB ROAD, SUITE 127		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OTERO, CARLOS		2.2 NAME		
STREET ADDRESS	2020 W. MCNAB ROAD, SUITE 127		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROJAS, JORGE		3.2 NAME		
STREET ADDRESS	2020 W. MCNAB ROAD, SUITE 127		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PASSARIELLO, VICENTE		4.2 NAME		
STREET ADDRESS	2020 W. MCNAB ROAD, SUITE 127		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #