

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90172 033 ***150.00

DOCUMENT # P95000034798

1. Entity Name

THE ROASTED PEPPER, INC.



Principal Place of Business

9893 PINES BOULEVARD
PEMBROKE PINES FL 33024

Mailing Address

9893 PINES BOULEVARD
PEMBROKE PINES FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1480 SW 5TH AVE

Suite, Apt. #, etc.

City & State

City & State

Plantation, FL

Zip

Country

Zip

33317

Country

USA

4. FEI Number

65-0577908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

KULHANJIAN II, JOHN
9893 PINES BOULEVARD
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KULHANJIA II, JOHN
STREET ADDRESS 9893 PINES BOULEVARD
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE SD ☐ Delete
NAME KULHANJIAN, ARA
STREET ADDRESS 9893 PINES BOULEVARD
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE V ☐ Delete
NAME KULHANJIAN, CAROL
STREET ADDRESS 9893 PINES BOULEVARD
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE VD ☐ Delete
NAME KEVORKIAN, JOHNNY Y
STREET ADDRESS 9893 PINES BOULEVARD
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE S ☐ Delete
NAME DIPIAZZA, JANINE
STREET ADDRESS 9893 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1480 SW 5TH AVE
CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15200 meadowhaven dr.
CITY-ST-ZIP DAVIE, FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Date

9544508800

Daytime Phone #