2005 FOR PROFIT CORPORATION

DOCUMENT # P95000036172 1. Entry Name CLAIRE'S FANCY FOODS, INC. Mailing Address		ANNUAL R	EPOKI JAK	1				
Principal Place of Business	1. Entity Nam	ne ·	72					
1759 N.W. 2ND AVENUE BOCA RATON FL 33432 2. Principal Place of Business 5. Mailing Address Suite, Apt #, etc.	CLAIRE'S	FANCY FOODS, INC.				Secretary of State		
1759 N.W. 2ND AVENUE BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.	Principal Plac	e of Business	Mailing Address					
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Suite, Apt #, etc. 1st MOORE CR2E34 (10/04) Applied For Not Ap	BOUA RAIN	JN FL 33432	BOCA HATON FL 334.	52				
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Zip Country Zip Country Sip Country S. Certificate of Status Desired Agent Status Desired Status Desired Agent Status Desired Agent Status Desired Status Desired Agent Status De	• • •		Suite, Apt. #, etc.		<u> </u>	1st MOORE CR2E034 (10/04)		
6. Name and Address of Current Registered Agent The Required Street Address of New Registered Agent City FL Zip Code 7. Name and Address of New Registered Agent Name 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE D Deade LHOTKA, JOSEPH 1759 N.W. 2ND AVENUE SIRET ADDRESS O11/23/05-80007-023 150.00 CITY ST-ZIP BOCA RATON FL 33432 CITY ST-ZIP BOCA RATON FL 33432 CITY ST-ZIP Deade Addition Change Change Change Change Change Change Addition Change Change Change Change Addition Change C	City & State		City & State			65_0522/67	ole	
LHOTKA, JOSEPH 1759 N.W. 2ND AVENUE BOCA RATON FL 33432 City 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, typad or printed fiams of registered agent and title of apphrable. (NOTE Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee Will Be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete LHOTKA, JOSEPH LHOTKA, JOSEPH LHOTKA, JOSEPH LHOTKA, JOSEPH LHOTKA, JOSEPH TITLE NAME LHOTKA, JOSEPH LHOTKA, JOSEPH LHOTKA, JOSEPH LHOTKA, JOSEPH TITLE DOCA RATON FL 33432 CITY SL-ZIP Delete INTE Delete NAME LHOTKA, CLAIRE STREET ADDRESS STREET ADDR	Zip	Country	Zip Coun		ry			
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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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed fame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) After May 1, 2005 Fee Will Be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D Delete ITILE NAME LHOTKA, JOSEPH 1759 N.W. 2ND AVENUE STREET ADDRESS 1759 N.W. 2ND AVENUE BOCA RATON FL 33432 CITY ST-ZIP BOCA RATON FL 33432 CITY ST-ZIP Change Addition NAME LHOTKA, CLAIRE STREET ADDRESS	HOTKA IOSEBH				Name			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 out, that I am an officer or director	i	certify that the information supplied with	this filing does not qualify for			ction 119.07(3)(i), Florida Statutes. I further certify that the information	\dashv	

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.

| GNATURE: | Joseph | LHOTKA | 1-25.05 | 56-368-463 | 9 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daylims Phone 4 JOSEPH LHOTKA 1-25.05 561-368-4639
FICER OR DIRECTOR
Date
Date
Designed Proces

SIGNATURE: