2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) FILED Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P95000044311 1. Entity Name SANGEO GOURMET LOBBY SHOP, INC. Principal Place of Business Mailing Address 12814 NW 20 ST PEMBROKE PINES FL 33028 12814 NW 20 ST PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0588101 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGLEY, DAVID W ONE EAST BROWARD BLVD., SUITE 700 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33301 City 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Change Addition EPSTEIN, SANDRA NAME NAME U000000031477 STREET ADDRESS 12814 NW 20 ST STREET ADDRESS 02/04/04-80150-012 150.00 PEMBROKE PINES FL 33028 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing 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 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 601, Elorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addyss, with all other like empowered.

SIGNATURE: