



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90222 026 \*\*\*150.00

<b>DOCUMENT # P96000102702</b> 1. Entity Name <b>THE CHILI PEPPER, INC.</b>																													
Principal Place of Business <b>200 WEST BROWARD BLVD FT. LAUDERDALE, FL 33301</b>			Mailing Address <b>200 WEST BROWARD BLVD FT. LAUDERDALE, FL 33301</b>																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6300 NE 1st Ave 3rd Floor</b>																											
City & State <b>Ft. Laud, FL</b>		City & State <b>Ft. Laud, FL</b>																											
Zip <b>33334</b>		Country <b>USA</b>																											
4. FEI Number <b>65-0726272</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>LEVIN, ERIC 200 WEST BROWARD BLVD FT. LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent Name <b>Levin, ERIC</b> Street Address (P.O. Box Number is Not Acceptable) <b>6300 NE 1st Ave 3rd Floor</b> City <b>Ft Laud</b> <b>FL</b> Zip Code <b>33334</b>																										
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 <u><i>Eric Levin</i></u> DATE <u>4-18-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSC</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEVIN, ERIC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>248 WASHINGTON AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FL 33139</td> <td></td> </tr> </table>			TITLE	PSC	<input type="checkbox"/> Delete	NAME	LEVIN, ERIC		STREET ADDRESS	248 WASHINGTON AVE		CITY-ST-ZIP	MIAMI BEACH, FL 33139		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. 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 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: <u><i>Eric Levin</i></u> <b>Eric Levin</b>				Date <u>4-18-05</u> Daytime Phone # <u>305-674-7221</u>																									