2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED May 01, 2006 08:00 Al DOCUMENT # P97000011786 **Secretary of State** FT. LAUDERDALE PEPPER, INC. Principal Place of Business Mailing Address **6300 NE 1ST AVE** 109 S.W. 2ND AVE. FT LAUDERDALE, FL 33301 3RD FLOOR FORT LAUDERDALE, FL 33334 04252006 No Chg-P DO NOT WRITE IN THIS SPACE CR2E034 (11/05) 4. FEI Number Applied For 65-0726263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent and the second of the second o LEVIN, ERIC DO NOT WRITE **6300 NE 1ST AVE** 3RD FLOOR IN THIS SPACE FORT LAUDERDALE, FL 33334 and the second of the second o 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE LEVIN, ERIC NAME 117 W. 1ST CT. STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP U000000552444 TITLE ZIEHM, ROBERT NAME 05/15/06-80013-000 150,00 STREET ADDRESS 117 W 18T CT CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP III.E IN THIS SPACE NAME STREET ADDRESS CITY-ST-78P TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF JIGNING OFFICER OR DIRECTOR

4-26-06

305-674-7221

Daytime Phone #