


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 17, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P97000106963</b><br>1. Entity Name<br><b>NOW WE'RE COOKIN, INC.</b> |  |
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|--|--|
| Principal Place of Business<br><b>2925 NE 6TH AVE.<br/>FORT LAUDERDALE, FL 33334</b> | Mailing Address<br><b>2925 NE 6TH AVE.<br/>FORT LAUDERDALE, FL 33334</b> |
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**DO NOT WRITE IN THIS SPACE**



06072004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FCI Number<br><b>65-0802175</b>                        | Applied For<br><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<br><br><b>ALUISY, JULIA<br/>1215 N VICTORIA PK RD<br/>FORT LAUDERDALE, FL 33304</b> |
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IN THIS SPACE**

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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DPT<br><b>ALUISY, JULIA<br/>2925 NE 6TH AVE.<br/>FORT LAUDERDALE, FL 33334</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVS<br><b>KROTZER, SHERYL<br/>2925 NE 6TH AVE.<br/>FORT LAUDERDALE, FL 33334</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**U000000162677**  
**06/17/04-80002-020 150.00**

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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)(f), 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 the 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.

|  |                                       |   |
|--|---------------------------------------|---|
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <b>6/17/04</b><br><small>Date</small> | <b>904-566-7666</b><br><small>Daytime Phone #</small> |
|--|---------------------------------------|---|