2007 FOR PROFIT CORPORATION

Feb 22, 2007 8:00 am **Secretary of State ANNUAL REPORT** 02-22-2007 90009 013 ***150.00 DOCUMENT # P98000008465 FRANKY'S DELI WAREHOUSE, INC. 40066004 Principal Place of Business Mailing Address 2596 W. 84TH ST. 2596 W. 84TH ST. HIALEAH, FL 33016 HIALEAH, FL 33016 Townson of the second s CR2E034 (11/05) No Chg-P 02152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0814076 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, FRANK DO NOT WRITE 2596 W. 84TH ST. HIALEAH, FL 33016 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTS TITLE DIAZ, FRANK NAME 521 NW 215TH AVENUE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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 apladdress, with all other like empowered.

SIGNATURE: 🔀

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

O OFFICER OR DIRECTOR

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Daytime Phone #

FILED