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2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # P99000080934 04-28-2006 90182 038 ***150.00 THE BIG APPLE RESTAURANT, CORP. Principal Place of Business Mailing Address 7925 W 2 CT. 7925 W 2 CT. HIALEAH, FL 33014 HIALEAH, FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0948626 Not Applicable Zip 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 DE LOS ANGELES, NARCISO R Street Address (P.O. Box Number is Not Acceptable) 7925 W 2 CT. HIALEAH, FL 33014 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 an titie 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change Addition TITLE NAME DE LOS ANGELES, NARCISO R NAME STREET ADDRESS 6443 W.25TH AVE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS 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 repeiver 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 in the corporation of the corporation of the corporation of the repeiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation o usacicos R. DE fac sopoles nt with an address, with all other like empowered.

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