2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S38307 1. Eratý Name RIBS EXPRESS, INC.			SECRETARY OF STATE DIVISIONS COEPERATIONS 06 SEP 18 AM 9: 28	
Principal Place of Business 9921 MIRAMAR PKWY.	Mailing Address 9921 MIRAMAR PKWY.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MIRAMAR, FL 33025 US	MIRAMAR, FL 33025	US		INT 11 1900
Principal Place of Business 3. Mailing Address		· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		08112006 Chg-P CR2E034 (11/05)	
City & State	& State City & State			ilied For Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addiffee Required	
6. Name and Address of Current Re	egistered Agent	Name A	7. Name and Address of New Registered Agent	
MC MINN, ROBERT B.		/\	AICHAEL MARZIOTTO ess (P.O. Box Number is Not Acceptable)	
2101 NW 112 TERR PEMBROKE PINES, FL 33026				
	1	992	1 Miramar Parkway	
	//		amar FL Zin Cook	35
8. The above named entity submits his 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.				
SIGNATURES Multiple Designatures 2/28/06				
Signature, typed or printed name of registered agent and	LATE IT Applicable (MOTE:	Registered Agent signature re-	guired when reinstating) DATE	
Amended AR is \$61.25	9. Election Campaig Trust Fund Contri	bution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND D	RECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11 Addition
NAME MC MINN, ROBERT B.	Delete	NAME 1	lighted Marzinto	
		STREET ADDRESS CITY-ST-ZIP	Wiramar, PL 33025	
TITLE DST	Delete	TITLE	☐ Change	Addition
		NAME STREET ADDRESS	100080029811 09/21/0601032013 **61.29	_
CITY-ST-ZIP PEMBROKE PINES, FL 33026		CITY-ST-ZIP	09/21/0601032013 **61.29)
TITLE V NAME AMMIANO, DOMENICK	☐ Delete	TITLE NAME	☐ Change	☐ Addition
NAME AMMIANO, DOMENICK STREET ADDRESS 631 SW 113TH WAY		STREET ADDRESS		
CITY-ST-ZIP PEMBROKE PINES, FL 33025		CITY-ST-ZIP		5 14000
TITLE NAME	☐ Delete	TITLE NAME	☐ Change	Addition
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP		
CHY-ST-ZIP TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME	·	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-2iP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling 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 two and accurate and plant 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 employeded 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 employed.				
changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE / Municipal Management of the signature of the				
SIGNATURE AND TYPED OR PRINTED NAME OF SKINNING OFFICER OR DIRECTOR Date Dayture Prone #				