

FILED
Apr 23, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S79374 1. Entity Name THE PREFERRED PALATE, INC.						
Principal Place of Business 19814 SW 80TH CT MIAMI, FL 33189	Mailing Address 19814 SW 80TH CT MIAMI, FL 33189	 03292008 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">4. FEI Number 65-0283334</td><td style="padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0283334	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent VALENTINE, ELAINE 19814 SW 80TH CT MIAMI, FL 33189		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VALENTINE, ELAINE 19814 SW 80TH CT MIAMI, FL 33189					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VALENTINE, NEVILLE 19814 SW 80TH CT MIAMI, FL 33189					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROSADO, HELEN 19814 SW 80TH CT MIAMI, FL 33189					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right; margin-bottom: 10px;">U000000916540 05/13/08-80005-018 150.00</div> DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
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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 an address, with all other like empowered						
SIGNATURE: <u>Valentine</u> 4/21/08 305-252-7882 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						