


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V45713</b>	
1. Entity Name <b>KRAKUS DELI, INC.</b>	

Principal Place of Business <b>KRAKUS DELI, INC. 7306 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068</b>	Mailing Address <b>KRAKUS DELI, INC. 7306 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068</b>
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2. Principal Place of Business - No P.O. Box # <b>KRAKUS DELI INC</b>	3. Mailing Address <b>KRAKUS DELI INC</b>
Suite, Apt. #, etc. <b>7306 Southgate Blvd.</b>	Suite, Apt. #, etc. <b>7306 Southgate Blvd.</b>
City & State <b>North Lauderdale, FL</b>	City & State <b>North Lauderdale</b>
Zip <b>33068</b>	Zip <b>33068</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent <b>LUCARZ, WIESLAW 2601 N.W. 70TH AVENUE MARGATE FL 33063</b>	
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4. FEI Number <b>65-0335914</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

7. Name and Address of New Registered Agent	
Name <b>LUCARZ WIESLAW</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2601 NW 70 AVE</b>	
City <b>MARGATE</b>	FL Zip Code <b>33063</b>

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 <i>Wieslaw Lucarz</i>	DATE <b>02-07-08</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>000000823196</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUCARZ, WIESLAW</b>		NAME <b>02/20/08-80027-024 150.00</b>	
STREET ADDRESS <b>2601 N.W. 70TH AVENUE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MARGATE FL 33063</b>		CITY-ST-ZIP	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR