

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015698

FILED  
Jan 25, 2004  
Secretary of State

**Entity Name:** AFFAIRS TO REMEMBER CATERING, INC.

**Current Principal Place of Business:**

3125 FORTUDE WAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

3125 FORTUDE WAY  
BAY # 18  
WELLINGTON, FL 33414

**Current Mailing Address:**

11842 DONLIN DRIVE  
WELLINGTON, FL 33414

**New Mailing Address:**

2430 WELLINGTO N GREEN DRIVE  
APT # 110  
WELLINGTON, FL 33414

FEI Number: 65-0982703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AXELROD, SANDRA R  
11842 DONLIN DRIVE  
WEST PALM BEACH, FL 33414 US

**Name and Address of New Registered Agent:**

AXELROD, BRIAN D  
2430 WELLINGTON GREEN DRIVE  
APT # 110  
WELLINGTON, FL 33414 US

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.

SIGNATURE: BRIAN D. AXELROD

01/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: AXELROD, SANDRA R  
Address: 11842 DONLIN DRIVE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: AXELROD, BRIAN D  
Address: 2430 WELLINGTON GREEN DRIVE #110  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN D. AXELROD

PSTD

01/25/2004

Electronic Signature of Signing Officer or Director

Date