2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000044532

1. Entity Name
T G S CATERING, INC.

Principal Place of Business
8177 W. GLADES ROAD
SUITE 9
BOCA RATON, FL 33434

Mailing Address
8177 W. GLADES ROAD
SUITE 9
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

04202008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2485868
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLITTI, DOMENICO
2115 S OCEAN BLVD
UNIT 12
DELRAY BEACH, FL 33483

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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000923204
05/16/08-80021-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BELLITTI, DOMENICO
STREET ADDRESS	2115 SOUTH OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VPD
NAME	NACCARATO, ANTHONY
STREET ADDRESS	8177 W. GLADES RD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 4/23/08 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #