2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 06, 2005 08:00 AM Secretary of State DOCUMENT # P94000079055 1. Entity Name ALL CARIBBEAN FOOD SERVICE, INC. Principal Place of Business Mailing Address 5614A FUNSTON STREET **5614A FUNSTON STREET** HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0536478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEMETH, JERRY DO NOT WRITE 21221 N.E. 25TH CT. MIAMI, FL 33180 ----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. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NEMETH, JERRY MAME STREET ADDRESS 21221 N.E. 25TH COURT CITY-ST-ZIP MIAMI, FL 33180 *UNODOO 17275*5 NAME 01/06/05-80010-019 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied entire 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 charged, or or an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05 95/-

<u> 154 - 989-7890</u>

FILED