

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90095 036 ***150.00

DOCUMENT # S65522	
1. Entity Name LISBER CATERING AND PARTY RENTAL INC.	

Principal Place of Business 3750 W. 16 AVE. UNIT #302 HIALEAH, FL 33012	Mailing Address PO BOX 826061 PEMBROKE PINES, FL 33082-6061
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2. Principal Place of Business 12949 W. O'Keechobee RD. Suite, Apt. #, etc. BAY - C - 2. City & State Hialeah, GARDEN'S Zip 33018 Country MIAMI-DADE	3. Mailing Address 12949 W. O'Keechobee RD. Suite, Apt. #, etc. BAY - C - 2. City & State Hialeah, GARDEN'S Zip 33018 Country MIAMI-DADE
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03152005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0277306	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONTOYA, LISBER F. 575 SW 181 WAY PEMBROKE PINES, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MONTOYA, LISBER F. 575 SW 181 WAY PEMBROKE PINES, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-VICE PRESIDENT LUZ N. MONTOYA 575 SW 181 WAY PEMBROKE PINES FL 33029 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTOYA, LISBER F. 575 SW 181 WAY PEMBROKE PINES, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: *Lisber F. Montoya* *Luz N. Montoya* **4/11/05 - 954-240-1903**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #