2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# S65522

Entity Name: LISBER CATERING INC.

Current Principal Place of Business:

12949 W OKEECHOBEE RD
BAY C-2
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

12949 W OKEECHOBEE RD
BAY C-2
HIALEAH, FL 33018

New Mailing Address:

FEI Number: 65-0277306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTOYA, LISBER F
575 SW 181 WAY
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

MONTOYA, LISBER F
575 SW 181 WAY
PEMBROKE PINES, FL 33129 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: 01/20/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: MONTOYA, LISBER F.,
Address: 575 SW 181 WAY
City-St-Zip: PEMBROKE PINES, FL

Title: D ( ) Delete
Name: MONTOYA, LISBER F.,
Address: 575 SW 181 WAY
City-St-Zip: PEMBROKE PINES, FL

Title: VP ( ) Delete
Name: MONTOYA, LUZ N
Address: 575 SW 181 WAY
City-St-Zip: HOLLYWOOD, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: MONTOYA, LISBER F.,
Address: 575 SW 181 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Change ( ) Addition
Name: MONTOYA, LISBER F.,
Address: 575 SW 181 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISBER F. MONTOYA OFFI 01/20/2009
Electronic Signature of Signing Officer or Director — Date