

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90377 024 \*\*\*150.00

**DOCUMENT # J69006**

1. Entity Name

**PALM CATERERS OF HOLLYWOOD, INC.**



Principal Place of Business

% JANET FRIEDMAN  
5100 SHERIDAN ST  
HOLLYWOOD FL 33021

Mailing Address

% JANET FRIEDMAN  
5100 SHERIDAN ST  
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0029430**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

**HEIKEN, SCOTT  
5100 SHERIDAN ST  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HEIKEN, SCOTT**  
STREET ADDRESS **2345 NE 199 ST**  
CITY-ST-ZIP **N. MIAMI BCH FL**

TITLE **ST** ☐ Delete  
NAME **FRIEDMAN, STUART**  
STREET ADDRESS **10609 WHEELHOUSE CIR**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **V** ☐ Delete  
NAME **KAUFMAN, ERIC**  
STREET ADDRESS **20634 NE 9TH CT**  
CITY-ST-ZIP **N. MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Heiken, Scott**  
STREET ADDRESS **199 Golden Bch Drive**  
CITY-ST-ZIP **Golden Bch FL 33160**

TITLE **ST** ☒ Change ☐ Addition  
NAME **Friedman Stuart**  
STREET ADDRESS **1070 NW 4 Street**  
CITY-ST-ZIP **Boca Raton FL 33486**

TITLE **V** ☒ Change ☐ Addition  
NAME **Kaufman, Eric**  
STREET ADDRESS **5670 Oak Tree Ave**  
CITY-ST-ZIP **Hollywood FL 33312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

954 983-5338