

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V30723

Entity Name: HHS CATERING, INC.

FILED
Sep 29, 2008
Secretary of State

Current Principal Place of Business:

9834 W. GLADES ROAD
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

9834 W. GLADES ROAD
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 59-3146834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLITTI, DOMENICO
9834 W. GLADES ROAD
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: BELLITTI, DOMINIC,
Address: 2115 SOUTH OCEAN BLVD SUITE 12
City-St-Zip: DELRAY BEACH, FL 33483

Title: T () Delete
Name: BELLITTI, DOMINIC,
Address: 2115 SOUTH OCEAN BLVD SUITE 12
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: RANERI, VITO,
Address: 6909 BRUCE COURT
City-St-Zip: LAKE WORTH, FL 33463

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: DOMENICO BELLITTI

PRES

09/29/2008

Electronic Signature of Signing Officer or Director

Date