


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 557288	
1. Entity Name RUPARI FOOD SERVICES, INC.	

Principal Place of Business 1208 W. NEWPORT CENTER DR. SUITE 100 DEERFIELD BCH., FL 33442 US	Mailing Address 1208 W. NEWPORT CENTER DR. SUITE 100 DEERFIELD BCH., FL 33442 US
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DO NOT WRITE IN THIS SPACE



06212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1807933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, MELVIN
1208 W. NEWPORT CENTER DR.
SUITE 100
DEERFIELD BCH., FL 33442

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MINTZ, STEVE 18 COLCHESTER AVE. MONTREAL, PQ,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MITCHELL, MELVIN 1087 LONGVIEW WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MINTZ, ROBERT 2161 ACORN PALM ROAD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  06/21/05 (954) 480-6320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #