

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90006 045 ***150.00

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1. Entity Name
TERRACE FOOD GROUP, INC.

Principal Place of Business
1351 N.W. 22ND STREET
POMPANO BEACH, FL 33069 US

Mailing Address
1351 N.W. 22ND STREET
POMPANO BEACH, FL 33069 US

94008206



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01142004 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
65-0594270

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASKO, JONATHAN
1351 N.W. 22ND STREET
POMPANO BEACH, FL 33069

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, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PCD ☐ Delete
NAME SHULMAN, STEVEN
STREET ADDRESS 1351 N.W. 22ND STREET
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE EVSD ☐ Delete
NAME LASKO, JONATHAN S
STREET ADDRESS 1351 N.W. 22ND STREET
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE D ☐ Delete
NAME POWER, RICHARD
STREET ADDRESS 1351 N.W. 22ND STREET
CITY-ST-ZIP POMPANO BEACH, FL 33069

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 DIRECTOR ☐ Change ☒ Addition
NAME NICHOLAS DUNPHY
STREET ADDRESS 600 5TH AVENUE
CITY-ST-ZIP NEW YORK, NEW YORK 10020

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

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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, and all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Taxpayers Profile #