

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90444 004 \*\*\*150.00

**DOCUMENT # F96000004768**



1. Entity Name

KAYEM FOODS, INC.

Principal Place of Business

75 ARLINGTON ST  
CHELSEA MA 02150-5728

Mailing Address

PO BOX 505728  
CHELSEA MA 02150-5728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

04-2050089

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2006 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	PD	<input type="checkbox"/> Delete
NAME	MONKIEWICZ, ROMUALD F	
STREET ADDRESS	75 ARLINGTON ST	
CITY-ST-ZIP	CHELSEA MA 02150-5728	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONKIEWICZ, STEPHAN	
STREET ADDRESS	75 ARLINGTON ST	
CITY-ST-ZIP	CHELSEA MA 02150-5728	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONKIEWICZ, PETER	
STREET ADDRESS	75 ARLINGTON ST	
CITY-ST-ZIP	CHELSEA MA 02150-5728	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSHER, STEPHEN	
STREET ADDRESS	75 ARLINGTON ST	
CITY-ST-ZIP	CHELSEA MA 02150-5728	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKE, EDWARD F	
STREET ADDRESS	75 ARLINGTON STREET	
CITY-ST-ZIP	CHELSEA MA 02150-5728	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILES, RONALD	
STREET ADDRESS	75 ARLINGTON STREET	
CITY-ST-ZIP	CHELSEA MA 02150-5728	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

FRANK BOLLA

Asst. Controller

Date

Daytime Phone #

4/19/06

(617) 887-3174