

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90013 027 \*\*\*150.00

**DOCUMENT # G46473**

1. Entity Name  
**L. & L. SPECIALTY FOODS, INC.**



Principal Place of Business  
**350 GOOLSBY BLVD.  
DEERFIELD BEACH, FL 33442 US**

Mailing Address  
**350 GOOLSBY BLVD.  
DEERFIELD BEACH, FL 33442 US**

**44001424**



**DO NOT WRITE IN THIS SPACE**

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2307257**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~ZISKIND & ARVIN, P.A.  
444 BRICKELL AVENUE, STE #905  
MIAMI, FL 33131~~

*Levy, Kneen, mariano LLC  
1400 Centrepark Blvd Suite 400  
West Palm Beach, Florida 33411*

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IN THIS SPACE**

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

*1/9/04*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KLINE, DAVID  
STREET ADDRESS 350 GOOLSBY BLVD  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE TD  
NAME CAINE, STEVEN  
STREET ADDRESS 350 GOOLSBY BLVD.  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE VSD  
NAME FREEMAN, DAVID  
STREET ADDRESS 350 GOOLSBY BLVD  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

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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IN THIS SPACE**

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

*Steven Caine*

Date

*1-9-04*

Daytime Phone #

*954 420 0071*