## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K51701

FILED Feb 05, 2009 Secretary of State

Entity Name: EXECUTIVE CATERERS NORTH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6261 SW BOCA RA	18TH ST TON, FL 33433	3			
Current M	lailing Addres	s:	New Mailing Addres	ss:	
6261 SW BOCA RA	18TH ST TON, FL 33433	3			
FEI Number	: 65-0090385	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
6261 SW	N, STUART 18TH STREET TON, FL 33433	3 US			
The above		ubmits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
in the State	c or r fortua.				
in the State SIGNATU					
	RE:	c Signature of Registered Ag	ent	Date	
SIGNATU	RE:	c Signature of Registered Ag  Trust Fund Contribution ( ).	ent	Date	
SIGNATUI	RE:	Trust Fund Contribution ( ).		Date GES TO OFFICERS AND DIRECTORS	
SIGNATUI	RE: Electroni mpaign Financing S AND DIRECT	Trust Fund Contribution ( ).  FORS:  Delete			
SIGNATUI  Election Cal  OFFICER  Title:  Name:  Address:	Electronic	Trust Fund Contribution ( ).  FORS:  Delete  , I ST.  FL  Delete  JART, I ST.	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
Election Car OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic	Trust Fund Contribution ( ).  FORS:  Delete  JART,  J ST.  EL  Delete  DART,  J ST.  EL  Delete  DART,  J ST.  EL  Delete  DART,  J ST.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	

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: HARVEY SCHWARTZ MGR 02/05/2009