


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L05928 1. Entity Name HEIDI'S DELI, INC.	
--	---

Principal Place of Business 914 STATE RD 84 FORT LAUDERDALE, FL 33315	Mailing Address 914 STATE RD 84 FT LAUDERDALE, FL 33315 US
---	--

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0135461	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUEGGEMANN, HEIDI
914 STATE RD 84
FT LAUDERDALE, FL 33315

**DO NOT WRITE
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 reissuing)

DATE

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

4-18 1-18 ...-SS-8...	DP BRUEGGEMANN, HEIDI 914 STATE RD 84 FT LAUDERDALE, FL
4-18 1-18 ...-SS-8...	V DOERRENBURG, DIETER 914 STATE ROAD 84 FT. LAUDERDALE, FL
4-18 1-18 ...-SS-8...	
4-18 1-18 ...-SS-8...	
4-18 1-18 ...-SS-8...	
4-18 1-18 ...-SS-8...	

000000145648
05/03/04-80034-016 158.75

**DO NOT WRITE
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

Date

Daytime Phone #

4/29/04 954 X6338 PC