


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90078 011 \*\*\*\*50.00

<b>DOCUMENT # L06000078546</b>					
<b>1. Entity Name</b> <b>1ST CLASS CATERING LLC</b>					
<b>Principal Place of Business</b> 1952 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607-6510 US			<b>Mailing Address</b> 1952 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607-6510 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> PO Box 341583			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> TAMPA FL		<b>4. FEI Number</b> 32-0179050	
<b>Zip</b>		<b>Country</b> U.S.A		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ALEXANDER-MUNJONE, CAMILLE S 5420 DEERBROOKE CREEK CIRCLE 18 TAMPA, FL 33624				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>MUNJONE, DEON C</b> <input type="checkbox"/> Delete 5420 DEERBROOKE CREEK CIR #18 TAMPA, FL 33624		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>ALEXANDER-MUNJONE, CAMILLE S</b> <input type="checkbox"/> Delete 5420 DEERBROOKE CREEK CIR #18 TAMPA, FL 33624		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>CAMILLE ALEXANDER-MUNJONE</i> 4/29/07 8133807221 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					