2007 FOR PROFIT CORPORATION

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ANNUAL REPORT					_ Apr 16, 2007 08:00			
DOCUMENT # L34667	,				-	Secretary	of Stat	
L.C.L. FOOD SERVICES, INC.								
Principal Place of Business	Mailing Addre	ess		<u> </u>				
12515 FINGEST CT ORLANDO, FL 32837 US	12515 FING Orlando, F							
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				4. FEI Numb 59-297			Applicable	
and a way party	San Sylver Comment	William St.	1		of Status Desired	\$8.75 Addition	onal	
6. Name and Address of (urrent Registered Agen	it * ·	-	Pulmos some services	estin per v	्रभूते स्टब्स नक्षीनी	Da 1 24 1 4 4	
LOPEZ, CYNTHIA E.				DO	NOT W	DITE		
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ORLANDO, FE 32837				IN T	THIS SF	PACE	7.	
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8. The above named entity submits this state	ment for the purpose of c	changing its register	red office or re	egistered agent, or bo	oth, in the State of Fl	orida. I am familiar with, an	id accept	
the obligations of registered agent.						•		
SIGNATURE Signature, typed or printed name of register	red agent and title if applicable.	(NOTE Register	ed Agent signature	required when reinstating)		DATE	—	
FILE NOW!!! FEE IS \$150. After May 1, 2007 Fee will be	VU	tion Campaign Fina t Fund Contribution		\$5.00 May Be Added to Fees				
10 OFFICER	RS AND DIRECTORS		1		1.,,	Y		
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12. 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF LIGHT