


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L67791 1. Entity Name PRIVATE CHEF SERVICES INC.	
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Principal Place of Business 9895 W. SAMPLE RD. CORAL SPRINGS FL 33065 US	Mailing Address 9895 W. SAMPLE RD. CORAL SPRINGS FL 33065 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 65-0189887
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**JUDSON, DUANE
5586 W. LAKEWOOD CIRCLE VILLA E
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004. Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD JUDSON, DUANE	<input type="checkbox"/>
NAME	5586 W LAKEWOOD CIRCLE VILLA E	
STREET ADDRESS	MARGATE FL	
CITY-ST-ZIP		
TITLE	ST JUDSON, DUANE	<input type="checkbox"/>
NAME	5586 W LAKEWOOD CIRCLE VILLA E	
STREET ADDRESS	MARGATE FL	
CITY-ST-ZIP		
TITLE	VD JUDSON, DENISE	<input type="checkbox"/>
NAME	5586 W LAKEWOOD CIRCLE VILLA E	
STREET ADDRESS	MARGATE FL	
CITY-ST-ZIP		
TITLE	T JUDSON, ANTOINETTE	<input type="checkbox"/>
NAME	4246 NE 35TH AVENUE ROAD	
STREET ADDRESS	OCALA FL 34479	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000063351		
NAME	02/23/04-80159-007 150.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Denise E. Judson Denise E. Judson 1-22-04 954 753-7151
954 972-2616