

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90001 009 ***150.00

DOCUMENT # L93330

1. Entity Name

SHOW TIME FOOD SERVICE INC.



Principal Place of Business

**1831 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

Mailing Address

**811 SW 23RD RD.
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0215356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAPAGEORGIU, EMMANUEL
811 SW 23RD RD
MIAMI FL 33129**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PAPAGEORGIU, EMMANUEL**
CITY-ST-ZIP **1831 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/05 7863557322
Date Daytime Phone #

ATTACHMENT

L93330 H0088842
June 15, 2005

DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 6850
TALLAHASSEE, FL 32314

Ref
SHOWTIME FOOD
SERVICE
L-93330

TO WHOM IT MAY CONCERN:

By MISTAKE WE SENT ANNUAL
REPORT 2005 to A WRONG Address

Please EXCUSE US AND ACCEPT OUR

Attached check to FLA DEPT OF state

Amount \$150⁰⁰ on 04/23/05.

Please do not charge penalty because

OUR MISTAKE WAS INVOLUNTARILY.

Respectfully,
Papamano W. Bellsouth.net

~~Papamano~~

by SHOWTIME FOOD SERVICE
INC

811 SW 23rd Rd MIA FL 33129

Phone 305 860-0141

Cell 786-355-7322

George P. Georgeus
President