2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# M63024

Entity Name: BROWARD FOOD SERVICE, INC.

Current Principal Place of Business:

ESTILL CAMPBELL
4355 MILDRED BASS RD.
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

ESTILL CAMPBELL
4355 MILDRED BASS RD.
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: 65-0015117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, ESTILL C.
4355 MILDRED BASS RD.
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: CAMPBELL, BARBARA J.
Address: 4355 MILDRED BASS RD.
City-St-Zip: ST CLOUD, FL

Title: PD ( ) Delete
Name: CAMPBELL, ESTILL
Address: 4355 MILDRED BASS RD.
City-St-Zip: ST. CLOUD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: CAMPBELL, BARBARA J.
Address: 4355 MILDRED BASS RD.
City-St-Zip: ST CLOUD, FL 34772

Title: PD (X) Change ( ) Addition
Name: CAMPBELL, ESTILL
Address: 4355 MILDRED BASS RD.
City-St-Zip: ST. CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTILL CAMPBELL PD 07/30/2009

Electronic Signature of Signing Officer or Director — Date