2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 8:00 am Secretary of State

954732-9122

105

JAKE'S STEAK SEASONING INC.								01-10-2005	90025 0	50 ***15	50.00
Principal Place of Business 6574 N. STATE ROAD 7 #277. COCONUT CREEK, FL. 33073			6: # C0	Mailing Address 6574 N. STATE ROAD 7 #277 COCONUT CREEK, FL 33073				000151			
2. Principal Place of Business			3. /	3. Mailing Address				 			
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.		01062005	Chg-P	CR2E00	34 (10/03)		
City & State			(City & State		4. FEI Numb 65-105				plied For t Applicable	
Zip	Country			ip .	try	5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current I				ered Agent	Name	7. Name and	Address of New R				
GILL, A. WAYNE ESQ. 200 CONGRESS PARK DR., SUITE 210 DELRAY BEACH, FL 33445						(P.O. Box Numb	er is Not Acceptable	e)			
						City			FL	Zip Code	е
	ions of regist	-	for the p	urpose of changing its	registere	Led office or registe	ered agent, or bo	oth, in the State of Flo		 amiliar with,	and accept
TOIGHT TOTAL	Signature, typed	or printed name of registered age	nt and title i	applicable. (NOTI	E: Rogistere	d Agent signature require	id when reinstating)	T .	DATE		
	ay 1, 200	FEE IS \$150.00 5 Fee will be \$550	0.00	9. Election Campa: Trust Fund Cont			5.00 May Be ded to Fees				
10.	D: ~ 1 -	OFFICERS AN	D DIREC		11.	-	ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS Change	S IN 11
name Street address City-St-Zip	ALFIERI, 6574 N. S	MARK STATE RD. 7 #277 JT CREEK, FL 33073		Delete Delete		ı					Auditori
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l .	JACK STATE RD. 7 #277 JT CREEK, FL 33073		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP				□ Delete			· <u></u>			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		i i				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			•			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	Addition
indicated of the cor	i on this repo rporation or t	ne information supplied wort or supplemental report the receiver or trustee entachment with an address	t is true a	and accurate and that r d to execute this report	my signa as requi	ture chall have the	seema lanal offa	ct se if made under	oath-that Ls	m en officer	or director

Duty Jackley've arechn