


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000105348	
1. Entity Name LISA'S LUNCHBOX INC.	

Principal Place of Business 3711 SW 47 AVE #208 DAVIE, FL 33314	Mailing Address 2146 NOVA VILLAGE DRIVE DAVIE, FL 33317
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DO NOT WRITE IN THIS SPACE

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01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1061307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLODAK, EDWARD
2500 HOLLYWOOD BLVD STE 212
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT STARR, LISA 2146 NOVA VILLAGE DRIVE DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STARR, NEIL 2146 NOVA VILLAGE DR. DAVIE, FL 33317
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IN THIS SPACE**

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: *Lisa Starr* LISA STARR - PRESIDENT

4/2/04 934585-0588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #