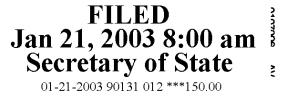
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P00000105910 **DOCUMENT#**

MM GOURMET FOOD SERVICES, INC.				
Principal Place of Business	Mailing Address			
4103 CARRIAGE DR., SUITE H-3	4103 CARRIAGE DR., SUITE H-3			
POMPANO BEACH FL 33069	POMPANO BEACH FL 33069			



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Principal Place of Business 4103 CARRIAGE DR SUITE H-3 4103 CARRIAGE DR SUITE H-3 POMPANO BEACH FL 33069  Mailing Address 4103 CARRIAGE DR SUITE H-3 POMPANO BEACH FL 33069												
2. Principal Place of Business 3. Mailing Address					1			010) OHHD 19191	1)0   90    60			
#, etc.		Suite	e, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES					
<del></del>		City & State				4.	FEI Number 65-2055312		Applied For Not Applicable			
	Country	Zip Count			try	5. (	Certificate of Status Desired		CQ 75 Additional			
C. Alama and Address of Correct Registered Agent					.7	Name and Address of New R	eaistered A	\aent				
U. Maine	and Address of Current	registore	o Agent		Name							
					Street Address (P.O. Box Number is Not Acceptable)							
								· ·				
					City			FL	Zip Cod			
		the purp	ose of changing its	register	ed office or regis	tered ag	ent, or both, in the State of Flo	rida. I am f	amiliar with,	and accept		
Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOT	E: Registere	d Agent signature requ	ired when re	einstating)	DATE				
May 1, 200	3 Fee will be \$550.00	State								00 May Be d to Fees		
	OFFICERS AND	DIRECTO	PRS	11.		ΑC	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11		
4103 CAR	RIAGE DR., SUITE H-3		☐ Delete	NAM STRE	E ET ADDRESS				☐ Change	☐ Addition		
S HOFFMAN 4103 CAR	IN, MARIA MATILDE RIAGE DR STE H-3		☐ Delete	NAM STRE	E ET ADDRESS				☐ Change	☐ Addition		
			☐ Delete	NAM STRE	E ET ADDRESS				Change	☐ Addition		
			☐ Delete	NAM STRE	E ET ADDRESS			·	☐ Change	☐ Addition		
			☐ Delete	NAM STRE	E ET ADDRESS	····	,		Change	☐ Addition .		
			☐ Delete	TITL	i i		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition		
	E DR. SUITE ACH FL 3306  ace of Busin  ace of Busin  6. Name  OVAR A ES  I ST STE: DERDALE  DERDALE  Named entity ons of regist  LE NOW!!  May 1, 200  Payable to  PD  HOFFMAN  4103 CAR  POMPANC  S  HOFFMAN  4103 CAR	Country  6. Name and Address of Current F  COVAR A ESQ I ST STE 205 DERDALE FL 33326  Inamed entity submits this statement for one of registered agent.  Signature, typed or printed name of registered agent at LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of OFFICERS AND 6  PD  HOFFMAN, MARIA MATILDE  4103 CARRIAGE DR., SUITE H-3  POMPANO BEACH FL 33069	E DR. SUITE H-3 ACH FL 33069  ACH FL 30069  ACH FL 30069	ACH FL 33069  4103 CARRIAGE DR. SUIT POMPANO BEACH FL 330 ACH FL 33069  3. Mailing Address 4, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  DVAR A ESQ I ST STE 205  DERDALE FL 33326  The purpose of Changing its purpose of registered agent.  Signature, typed or printed name of registered agent and little if applicable.  (NOT)  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  PD HOFFMAN, MARIA MATILDE 4103 CARRIAGE DR., SUITE H-3  POMPANO BEACH FL 33069  S Delete  Delete  Delete  Delete	## ACH FL 33069  ## ACH	A 103 CARRIAGE DR. SUITE H-3 POMPANO BEACH FL 33069  3. Mailing Address  4. etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  A ESO  IST STE 205  DERDALE FL 33326  City  City	E DR. SUITE H3 CCH FL 33069  ACH FL 33326  CIty Country  ACH FL 33326  CIty Country  ACH FL 33326  CIty Country  ACH FL 33326  CIty City City City City City City City Ci	## Address of Business    Suite, Apt. #, etc.   City & State	## CONTROL OF POWER AND DEACH FL 33069  ## CONTROL OF POWER AND DEACH FL 33069  ## COUNTRY	## A 100 CARRIAGE DR. SUITE H3 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069    Felc.		

indicated on this report or supplemental report is the 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 received of trustee emprovered 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 PRINCED NAME OF SIGNING OFFICER OR DIRECTOR