

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90035 038 ***150.00

DOCUMENT # P00000116909

1. Entity Name

ULTIMATE SPECIALTY FOODS, INC.



Principal Place of Business

1705 DONNA RD.
#5
WEST PALM BEACH FL 33409

Mailing Address

131 LAKE IRENE DRIVE
WEST PALM BEACH FL 33411



2. Principal Place of Business - No P.O. Box
905 N. Dixie Hwy

3. Mailing Address
131 Lake Irene Dr

Suite, Apt. #, etc.
WEST Palm Beach

Suite, Apt. #, etc.
WPB Fla

City & State
Florida

City & State

Zip
33401

Country
USA

Zip
33411

Country
USA

1st MOORE

CR2E034 (10/07)

4. FEI Number
65-1069816

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, SCOTT ESQ.
6650 WEST INDIANTOWN ROAD
SUITE 200
JUPITER FL 33458

7. Name and Address of New Registered Agent

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 restate/ing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LARUE, FRANNY E
131 LAKE IRENE DRIVE
WEST PALM BEACH FL 33411 ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Franny Larue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08
Date

Daytime Phone #