


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90006 009 ***150.00

DOCUMENT # P01000017820	
1. Entity Name FRESH CHOICE OF FLORIDA, INC.	

Principal Place of Business 6776 S.W. 40TH STREET DAVIE, FL 33314	Mailing Address 6776 S.W. 40TH STREET DAVIE, FL 33314
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2. Principal Place of Business 1245 N.W. 21ST. ST.	3. Mailing Address 1245 N.W. 21ST. ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL. 33142	City & State MIAMI, FL. 33142
Zip	Country

04062004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1086242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALL, STEPHANIE 6776 S.W. 40TH STREET DAVIE, FL 33314	
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7. Name and Address of New Registered Agent Name STEPHANIE HALL Street Address (P.O. Box Number is Not Acceptable) 3148 PEACHTREE CIRCLE City DAVIE FL Zip Code 33328	
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 STEPHANIE HALL PRESIDENT DATE 4.14.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, STEPHANIE 6776 S.W. 40TH STREET DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3148 PEACHTREE CIRCLE DAVIE, FL. 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALL, WILLIAM 6776 S.W. 40TH STREET DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3148 PEACHTREE CIRCLE DAVIE, FL. 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X STEPHANIE HALL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4.14.04	Daytime Phone # 305 324 4401
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