2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90054 019 ***150.00

DOCUMENT # P01000023958

1. Entity Name
PAVILION FOOD BAZAAR, INC.

Principal Place of Business	Mailing Address
534 CORAL DR. CAPE CORAL FL 33904	534 CORAL DR. CAPE CORAL FL 33904

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
721 SE 43rd Terrace	721 SE 43rd Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. FEI Number 65-1085384 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUTTNER, HOWARD
534 CORAL DR.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name: JOSEPH J. HOLLO
Street Address (P.O. Box Number is Not Acceptable): 721 SE 43rd Terrace
City: Cape Coral FL Zip Code: 33904

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 ______________________________ 3/26/04
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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☒ Delete	TITLE	PST ☐ Change ☒ Addition
NAME	HUTTNER, HOWARD	NAME	Hollo, Kimberly A.
STREET ADDRESS	534 CORAL DR.	STREET ADDRESS	721 SE 43rd Terrace
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Kimberly A. Hollo 3-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #