


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90106 002 ***150.00

DOCUMENT # P01000035719

1. Entity Name
J & J FOOD SERVICE GROUP, INC.



Principal Place of Business
**10820 NORTHWEST 46TH DRIVE
 CORAL SPRINGS, FL 33076**

Mailing Address
**50 INDIAN TRACE
 WESTON, FL 33326**

44005599

2. Principal Place of Business
50 Indian Trace

3. Mailing Address
 Suite, Apt. #, etc.


City & State
Weston FL

City & State

Zip
33326

Country

Zip
 Country



01232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**GROSSMAN, DAN
 9122 GRIFFIN RD
 COOPER CITY, FL 33328**

4. FEI Number
65-1089645

Applied For
 Not Applicable

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

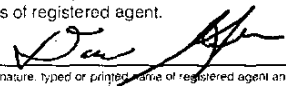
7. Name and Address of New Registered Agent

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  DATE **1-22-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD FRIEDBERG, RICHARD 10820 NORTHWEST 46TH DRIVE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDBERG, SHELLEY 10820 NORTHWEST 46TH DRIVE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	10743 NW 55th St Coral Springs FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	10743 NW 55th St Coral Springs FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Richard Friedberg** DATE **1-22-04** DAYTIME PHONE # **680 7759**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #