

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043182

FILED  
Feb 20, 2005  
Secretary of State

Entity Name: H & H FOOD SERVICE CONSULTANTS, INC.

## Current Principal Place of Business:

PO BOX 220505  
WEST PALM BEACH, FL 33422

## New Principal Place of Business:

5129 MAGNOLIA BAY CIRCLE  
PALM BEACH GARDENS, FL 33413

## Current Mailing Address:

PO BOX 220505  
WEST PALM BEACH, FL 33422

## New Mailing Address:

5129 MAGNOLIA BAY CIRCLE  
PALM BEACH GARDENS, FL 33413

FEI Number: 65-1099529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEIMAN, ALAN  
7924 OLYMPIA DR.  
WEST PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

HEIMAN, ALAN  
5129 MAGNOLIA BAY CIRCLE  
PALM BEACH GARDENS, FL 33413 US

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.

SIGNATURE:

02/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HEIMAN, CAROL I  
Address: PO BOX 220505  
City-St-Zip: WEST PALM BEACH, FL 33422

Title: D ( ) Delete  
Name: HEIMAN, ALAN E  
Address: PO BOX 220505  
City-St-Zip: WEST PALM BEACH, FL 33422

Title: D (X) Delete  
Name: EINHORN, ERIC  
Address: PO BOX 220505  
City-St-Zip: WEST PALM BEACH, FL 33422

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HEIMAN, CAROL I  
Address: 5129 MAGNOLIA BAY CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33413

Title: D (X) Change ( ) Addition  
Name: HEIMAN, ALAN E  
Address: 5129 MAGNOLIA BAY CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33413

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN HEIMAN

PRES

02/20/2005

Electronic Signature of Signing Officer or Director

Date