

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90775 036 ***150.00

DOCUMENT # P01000065247

1. Entity Name
JOY'S FOOD, INC.



Principal Place of Business

12306 UNV MALET
STE 2
TAMPA, FL 33612

Mailing Address

13080 NW 11TH ST
SUNRISE, FL 33323

14018465



2. Principal Place of Business

12306 UNV MALL COURT
STE 2

3. Mailing Address

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

TAMPA, FL

City & State

4. FEI Number

57-1125736

Applied For

Not Applicable

Zip

33612

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHI, TSUI O
13080 NW 11TH ST
SUNRISE, FL 33323

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 reinstating)

DATE

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 D
NAME CHI, TSUI O ☐ Delete
STREET ADDRESS 13080 NW 11TH ST
CITY-ST-ZIP SUNRISE, FL 33323

TITLE DS
NAME KENNEDY, CH ☐ Delete
STREET ADDRESS 13080 NW 11 ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33323

TITLE DT
NAME ROY, E ☐ Delete
STREET ADDRESS 13080 NW 11 STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME CHI, TSUI O
STREET ADDRESS 13080 NW 11 ST.
CITY-ST-ZIP SUNRISE, FL 33323

TITLE DS ☒ Change ☐ Addition
NAME CHI, KIMBERLY
STREET ADDRESS 13080 NW 11 ST.
CITY-ST-ZIP SUNRISE, FL 33323

TITLE DT ☒ Change ☐ Addition
NAME CHI, ROY
STREET ADDRESS 13080 NW 11 ST.
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* TSUI O CHI

* 4/30/2004 * (954) 845-0889

Date

Daytime Phone #