2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

PRINCIPAL Place of Business 120 E. CONCORD ST ORLANDO, FL 32801 2. Principal Place of Business 3. Making Address Sulle, Apt. #, etc. 3. Making Address Sulle, Apt. #, etc. 4. FEI Number 4. 1-2036343 City & State City & S	DOCUMENT # P0200004755 1. Entity Name JULIAN DRAVES CATERING & PERSONAL CHEFS, INC.							6 90194 028 ***1		
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Suite, Apt. 4 etc. Suite, Apt. 4, etc. City & State A FEI Number A120035243 Next Applicable Next Applicable Next Applicable Recommended Recommen	120 E. CONCORD ST. 120 E. CONCORD ST.								11 18 1 1 1 1 1 2 2 1	
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DRAVES, JULIANS 120 E. CONCORD ST. ORLANDO, FL 32801 Silvent Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named ensity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE:	••••	6. Name and Address of Current	Registered Agent							
SIGNATURE FILE NOW!!! FEE IS \$13.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILE DPT DRAVES, JULIAN S DRAVES, ERIN SIREI ADDRESS CITY-51-2P FILE NOWNEE PARK, FL 32792 Delee MAKE SIREI ADDRESS CITY-51-2P FILE MAKE SIREI ADDRESS CITY	DRAVES	BIII IAN S			Name					
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Indexect certify that the intermedial supplier with this fitting does not quality for the exemptions contained in Chapter 119. Horida Statutes. I further certify that the information indicated on this report or tupplemental elbort if 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 rederiver or trusted 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 impowered.

SIGNATURE:

BIGINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR