

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052896

Entity Name: ART OF FOOD, INC.

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

5030 CHAMPION BLVD., #G8
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

5030 CHAMPION BLVD., #G8
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 74-3108999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEAN, NORMA R
5030 CHAMPION BLVD., #G8
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCLEAN, NORMA
Address: 5030 CHAMPION BLVD., #G8
City-St-Zip: BOCA RATON, FL 33496

Title: S () Delete
Name: ANASTASI, JEFFREY S
Address: 5030 CHAMPION BLVD., #G8
City-St-Zip: BOCA RATON, FL 33496

Title: T (X) Delete
Name: KLEIMAN, GARY
Address: 5030 CHAMPION BLVD., #G8
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: NORMA MCLEAN

P

03/23/2005

Electronic Signature of Signing Officer or Director

Date