


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90081 035 ***150.00

DOCUMENT # P02000068454
 1. Entity Name
ELEGANCE ALA CARTE PERSONAL CHEF SERVICE INC.



Principal Place of Business
3170 N. FEDERAL HWY #103-H LIGHTHOUSE POINT, FL 33064


Mailing Address
3170 N. FEDERAL HWY #103-H LIGHTHOUSE POINT, FL 33064

94053066

2. Principal Place of Business
 Suite, Apt. #, etc.
103C
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
103C
 City & State

Zip Country Zip Country



04122004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3694790

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
DICRESCENZO, ANGELA D CPA
3170 N FEDERAL HWY #103H
LIGHTGOUSE POINT, FL 33064

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3170 N. Federal Hwy #103C
 City
Lighthouse Pt FL 33064

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 *Angela Dicrescenzo* DATE **4/9/2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete BOOTS, BRIAN	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	42 W. POTOMAC STREET #2
STREET ADDRESS 2132 NE 26TH STREET		STREET ADDRESS WILLIAMSPORT MD 21795	
CITY-ST-ZIP FT LAUDERDALE, FL 33305		CITY-ST-ZIP	
TITLE ---	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ---	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ---	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 live empowered.

SIGNATURE: *Brian Boots* DATE: **4/9/2004** BUSINESS PHONE #: **9817824860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR