


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90772 025 ***150.00

DOCUMENT # P02000073230	
1. Entity Name QUALITY FIRST CATERING INC.	

Principal Place of Business 2176 CHAMPIONS WAY NORTH LAUDERDALE, FL 33068	Mailing Address 2176 CHAMPIONS WAY NORTH LAUDERDALE, FL 33068
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19010000

2. Principal Place of Business 415 NW 48 TERR	3. Mailing Address 415 NW 48 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33317	Country U.S.

04252004 Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE 74-318012	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROLLINS, MICHELLE 2176 CHAMPIONS WAY NORTH LAUDERDALE, FL 33068	
7. Name and Address of New Registered Agent Name ROLLINS, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 415 NW 48 TERRACE City PLANTATION FL Zip Code 33317	

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)

4/25/2004

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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 P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROLLINS, MICHELLE		NAME ROLLINS, MICHELLE	
STREET ADDRESS 2176 CHAMPIONS WAY		STREET ADDRESS 415 NW 48 TERRACE	
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP PLANTATION, FL 33317	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" 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	
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	
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 supplementary 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

4/25/2004 (954) 530-0193

DATE

Daytime Phone #