

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-16-2004 90031 028 ***150.00

DOCUMENT # P02000124959

1. Entity Name

BJ'S FOOD SERVICE, INC.



Principal Place of Business

125 N. RIVERSIDE DRIVE
POMPANO BEACH FL 33062

Mailing Address

3233 NE 10TH ST APT 110
POMPANO BEACH FL 33062

2. Principal Place of Business

3035 S. Fed Hwy

Suite, Apt. #, etc.

3. Mailing Address

3035 S. Fed Hwy

Suite, Apt. #, etc.

City & State

Delray Beach, Fla.

City & State

Delray Beach, Fla.

Zip

33483

Country

Zip

33483

Country

4. FEI Number

11-3664871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

O'CONNOR, BRIAN F
3233 NE 10TH ST APT 110
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Joe Riello

Street Address (P.O. Box Number is Not Acceptable)

963 Allamanda Drive

Delray Beach, Fla.

33483

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

Joe Riello

Joe Riello, owner

2/2/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD ☒ Delete
NAME O'CONNOR, BRIAN F
STREET ADDRESS 3233 NE 10TH ST APT 110
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VTD ☐ Delete
NAME RIELLO, JOSEPH A
STREET ADDRESS 963 ALLAMANDA DR.
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☐ Change ☒ Addition
NAME Riello, Joe
STREET ADDRESS 963 Allamanda Drive
CITY-ST-ZIP Delray Beach, Fla. 33483

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

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:

Joe Riello

Joe Riello

2/2/04

561-243-3972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #