## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 8:00 am Secretary of State **DOCUMENT #P02000126050** 1. Fotity Name 04-19-2004 90723 007 \*\*\*150.00 CHEF LISA, INC. Principal Place of Business Mailing Address 7284 W PALMETTO PARK RD STE 206 7284 W PALMETTO PARK RD STE 206 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 CR2E034 (10/03) 4. FEI Number 30 - 0243043 City & State City & State APPLIED FOR Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LADAU, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 7284 W PALMETTO PARK RD STE 206 BOCA RATON, FL 33433 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered anythme, Stateboot Filoniida. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change TITLE LADAU, ELIZABETH NAME **LADAN**; ELIZABETH NAME 7284 W. PALMETTO PARK RS. SHE ZOG 7284 W. PALMETTO PARK RD #206 STREET ADORESS STREET ADDRESS BOCA, RATON CITY-ST-7IP CITY-ST-7IP BOCA RATON, FL 33433 33433 VΡ Change ☐ Addition ☐ Delete TITI F TITLE LADAU, GLEN LADAN, GLEN NAME 7284 W. PARMETTS PARK RO # 206 NAME STREET ADDRESS 7284W, PALMETTO PARK RD #206 STREET ADDRESS 33493 BOCA RATON CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 SeightoFrondB.OS(20)(tes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the samel regide entitles cash; 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, FloridathaStatutesmesappears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-15-04

FILED