

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90252 027 ***150.00

DOCUMENT # P02000129169

1. Entity Name

CREATIVE HOST FLORIDA, INC.



Principal Place of Business

1290 RED CLEVELAND BLVD.
SANFORD FL 32773
US

Mailing Address

16955 VIA DEL CAMPA
SUITE 110
SAN DIEGO CA 92127
US

24052774



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1987334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

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

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 P ☐ Delete
NAME SAYED, ALI
STREET ADDRESS 14325 CHERRY LANE
CITY-ST-ZIP POWAY CA 92064

TITLE D ☐ Delete
NAME DONOHUE, JR., JOHN P
STREET ADDRESS 15918 CAMINITO AIR PURO
CITY-ST-ZIP SAN DIEGO CA 92128

TITLE D ☐ Delete
NAME GRAVES, BOOKER
STREET ADDRESS 6911 EAST GIRARD
CITY-ST-ZIP DENVER CO 80224-2901

TITLE D ☐ Delete
NAME RADLOFF, CHARLES
STREET ADDRESS 12077 TRETAGNIER CIRCLE
CITY-ST-ZIP SAN DIEGO CA 92128

TITLE S ☐ Delete
NAME VAKHARIA, TASNEEM
STREET ADDRESS 12118 FERNCREST PLACE
CITY-ST-ZIP SAN DIEGO CA 92128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-04 (858) 675-7111