


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000133441	
1. Entity Name PREMIUM FOOD MARKETING, INC.	

Principal Place of Business 6601 LYONS ROAD STE #E-3 COCONUT CREEK, FL 33073	Mailing Address 6601 LYONS ROAD STE #E-3 COCONUT CREEK, FL 33073
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03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3730835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHEFER, LEE E
300 WESTWOOD CIRCLE NORTH
WEST PALM BEACH, FL 33411

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000655370
03/13/07-80104-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	SCHEFER, LEE E
STREET ADDRESS	300 WESTWOOD CIRCLE NORTH
CITY - ST - ZIP	WEST PALM BEACH, FL 33411
TITLE	ST
NAME	SCHEFER, LEE E
STREET ADDRESS	300 WESTWOOD CIRCLE NORTH
CITY - ST - ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Lee Schefer

2/03/17

954-708-1111

Date

Daytime Phone #