


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000016246 1. Entity Name CUISINES INTRENATIONAL CATERING, INC.	
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Principal Place of Business 4951 GATEWAY GARDENS DRIVE BOYNTON BEACH, FL 33436	Mailing Address 4951 GATEWAY GARDENS DRIVE BOYNTON BEACH, FL 33436
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07062005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1575925	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORRO, LEONARD J 4951 GATEWAY GARDENS DRIVE BOYNTON BEACH, FL 33436

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRO, LEONARD J 4951 GATEWAY GARDENS DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELENDEZ, DAVID E 10160 BOYNTON PLACE CIRCLE DAYTONA BEACH, FL 33437
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/25/05-80001-016 550.00

**DO NOT WRITE
IN THIS SPACE**

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 #