


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90093 002 ***150.00

DOCUMENT # P03000040102 1. Entity Name JERRY FOOD CORPORATION					
Principal Place of Business 3313 HOLLYWOOD OAKS DR FT LAUDERDALE FL 33312			Mailing Address 3313 HOLLYWOOD OAKS DR FT LAUDERDALE FL 33312		
2. Principal Place of Business 9389 W. Atlantic Blvd.		3. Mailing Address Suite, Apt. #, etc. #9389			
Suite, Apt. #, etc. #9389		Suite, Apt. #, etc.			
City & State Coral Springs, FL		City & State			
Zip 33071		Zip		Country	
6. Name and Address of Current Registered Agent BRAUMAN & KANNER PA 7119 W BROWARD BLVD PLANTATION FL 33317			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NG, TAK L 3313 HOLLYWOOD OAKS DR FT LAUDERDALE FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WU, NELSON L 3313 HOLLYWOOD OAKS DR FT LAUDERDALE FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, PI-LING 3313 HOLLYWOOD OAKS DR FT LAUDERDALE FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



MOORE CR2E034 (11/03)

4. FEI Number **57-1175733** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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:  **3/18/04** **(954) 986 1334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #