2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90044 042 ***150.00

DOCUMENT # P03000060833

1. Entity Name
CHEF LORENZO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
13845 VIA VITTORIA DELRAY BEACH FL 33446	13845 VIA VITTORIA DELRAY BEACH FL 33446

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
20937 St. Andrews Blvd.		Same	
Suite, Apt. #, etc. Apt. 18		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State	
Zip 33433	Country Palm Beach	Zip	Country

4. FEI Number 55-0836424 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHECHTERMAN, LAWRENCE
~~13845 VIA VITTORIA~~
~~DELRAY BEACH FL 33446~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 20937 St. Andrews Blvd.
Apt. 18
City Boca Raton FL Zip Code 33433

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] 3/5/08
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, 2008 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	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D,P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHECHTERMAN, LAWRENCE	NAME	
STREET ADDRESS	~~13845 VIA VITTORIA~~	STREET ADDRESS	2937 St. Andrews Blvd, Apt. 18
CITY-ST-ZIP	~~DELRAY BEACH FL 33446~~	CITY-ST-ZIP	Boca Raton FL 33433
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 3/5/08 561-477-4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #