


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State


01-29-2004 90030 040 ***150.00

DOCUMENT # P03000062199	
1. Entity Name KEBOB MEDITERRANEAN FOOD, INC.	


Principal Place of Business 1064 S.W. 1ST WAY BAY #4 DEERFIELD BEACH, FL 33441-6643	Mailing Address 1064 S.W. 1ST WAY BAY #4 DEERFIELD BEACH, FL 33441-6643
---	---

2. Principal Place of Business 1676 S. Federal Hwy Suite, Apt. #, etc.	3. Mailing Address 1676 S. Federal Hwy Suite, Apt. #, etc.
---	---

City & State Delray Beach FL	City & State Delray Beach FL
Zip 33483	Country USA
Zip 33483	Country USA


	
01192004 Chg-P	CR2E034 (10/03)
4. FEI Number 58-2669886	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACARIAN, EDDI 1064 S.W. 1ST WAY BAY #4 DEERFIELD BEACH, FL 33441-6643	
7. Name and Address of New Registered Agent Name & Same as current 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, type or printed name of registered agent and title if applicable.</small>	Eddi Macarian <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE 1/26/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	PVST MACARIAN, EDDI 1064 S.W. 1ST WAY DEERFIELD BEACH, FL 334416643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACARIAN, EDDI 1064 S.W. 1ST WAY DEERFIELD BEACH, FL 334416643 <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
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

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Eddi Macarian Date 1/26/04 Daytime Phone #