

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90001 010 \*\*\*150.00

**DOCUMENT # P03000071434**

1. Entity Name  
**STEPHEN MICHAEL'S CATERING SPECIALIST, INC.**



Principal Place of Business  
**5786 SUN POINTE CIRCLE  
BOYNTON BEACH, FL 33437**

Mailing Address  
**5786 SUN POINTE CIRCLE  
BOYNTON BEACH, FL 33437**

**54072564**



2. Principal Place of Business  
**129 NW 13th Street**

3. Mailing Address  
**129 NW 13th Street**

Suite, Apt. #, etc.  
**Suite # 19**

Suite, Apt. #, etc.  
**# 19**

08312004 Chg-P CR2E034 (10/03)

City & State  
**Boca Raton Florida**

City & State  
**Boca Raton, FL**

4. FEI Number  
**04-3764788**

Applied For  
Not Applicable

Zip Country  
**33432 DCA**

Zip Country  
**33432 USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HARRIS, JENNIFER  
2411 SW 4TH STREET  
BOYNTON BEACH, FL 33435**

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

*Jennifer Harris*

(NOTE: Registered Agent signature required when reinstating)

**9-8-04**

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **PIEKARA, STEPHEN**  
STREET ADDRESS **800 VIA LUGANO CIRCLE, APT. 303**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☒ Change ☐ Addition  
NAME **5786 Sun Pointe Circle**  
STREET ADDRESS **Boynon Beach, FL 33437**  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **BARLOW, NICHOLAS**  
STREET ADDRESS **9900 PINEAPPLE TREE DRIVE, UNIT 5-202**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **PIEKARA, PROVIDENCE**  
STREET ADDRESS **5786 SUN POINTE CIRCLE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **CEO**  
STREET ADDRESS **DEANE PIEKARA, DEANE**  
CITY-ST-ZIP **5786 Sun Pointe Circle**  
**Boynon Beach, FL 33437**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Providence Piekara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-8-04 (561) 395-4607**

Date

Daytime Phone #