2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000090248

1. Entity Name

NAME

STREET ADDRESS

CITY-S1-ZIP

C & L FOODSERVICES CORP.



FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90168 034 ***150.00

Principal Plac	e of Business	Mailing Address							
1234 SOUTH DIXIE HWY #340		1234 SOUTH DIXIE HWY #340							
CORAL GABLES FL 33146		CORAL GABLE	CORAL GABLES FL 33146			 			
									a (18 a) (1 1 6 a) a (18 a) (1 16 a)
2 Dringing I	Place of Business - No P.O. Box #	10.11.2							
- 1		3. Mailing Addres	S						
Suite, Apt.	majet Dr.	Suite, Apt. #, et							
	# 30/	Suite, Apt. #, et	L .		1s	t MOORE	CR2E034	(10/06)	
City & Stat		City & State	 		4. FEI Numb				oplied For
	1 Gables, FL.	Only di State			4. FEI NUIIIO	^{er} 20-040515	53		ot Applicable
Zin	Country	Zip	Country	/				8.75 Add	_
25	143 USA				5. Certificate	of Status Desired		ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	****
	15 15 11 150 5			Name					
	MB, ADAM J ESQ		Street Address (P.O.			O. Box Number is Not Acceptable)			
PEN	8 BRICKELL AVE NTHOUSE		Street Address (F			er is Not Acceptab	iie)		
	MI FL 33131								
	, 2 00 10 1		<u> </u>	0.,	· · · · · · · · · · · · · · · · · · ·			1	
				City			FL	Zip Cod	e
8. The above	named entity submits this statement for	or the purpose of chan	ging its registered	office or regis	slered agent, or bo	oth, in the State of F	lorida. I am fa	amiliar with,	and accept
the obligat	ions of registered agent. 🦫								
SIGNIATURE									
SIGNATURE.	Signature, typod or printed name of registered agent	and title it applicable	(NOTE Registered A	igerit signature requ	ured when reinstating)	·	DATE		
	ILE NOW!!! FEE IS \$150.00				•	-	· · <u> </u>		
г									
						9. Election Camp		g \$5.	00 May Be
After	May 1, 2007 Fee Will Be \$550.00					Election Camp Trust Fund Co		_ +	00 May Be ed to Fees
After Make Check	May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department o	f State	111		ADDITIONS	Trust Fund Co	entribution.	☐ Adde	ed to Fees
After Make Check 10.	May 1, 2007 Fee Will Be \$550.00	f State DIRECTORS	11.		ADDITIONS		entribution.	DIRECTOR	ed to Fees
After Make Check	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND	f State	te IIIII		ADDITIONS	Trust Fund Co	entribution.	☐ Adde	ed to Fees
After Make Check 10.	May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department o OFFICERS AND	f State DIRECTORS	te (IIIII NAME	ADDRESS	ADDITIONS	Trust Fund Co	entribution.	DIRECTOR	ed to Fees
After Make Check 10. IIILE NAME.	May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department o OFFICERS AND VP LAMB, MERRILL	f State DIRECTORS	te (IIIII NAME	ADDRESS 1-ZIP	ADDITIONS	Trust Fund Co	entribution.	DIRECTOR	ed to Fees
After Make Check 10. IIIIE NAME. SIREEI ADDRESS CITY-SI-ZIP	May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department on OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340	DIRECTORS Dele	te IIIII Name Sireet City-Si		ADDITIONS	Trust Fund Co	entribution.	☐ Adde	S IN 11
After Make Check 10. IIILE NAME. STREET ADDRESS	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department on OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146	f State DIRECTORS	te IIIII Name Sireet City-Si		ADDITIONS	Trust Fund Co	entribution.	DIRECTOR	ed to Fees
After Make Check 10. IIIIE NAME. SIREET ADDRESS CITY-ST-ZIP IIILE	May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department on OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P	DIRECTORS Dele	te TITLE NAME STREET. CITY-SI IE TITLE NAME		ADDITIONS	Trust Fund Co	entribution.	☐ Adde	S IN 11
After Make Check 10. IIIIE NAME. SIREET ADDRESS CITY-ST-ZIP IIILE NAME.	May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department o OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT	DIRECTORS Dele	te TITLE NAME STREET. CITY-SI IE TITLE NAME	T-ZIP ADDRESS	ADDITIONS	Trust Fund Co	entribution.	☐ Adde	S IN 11
After Make Check 10. IIIIE NAME. SIREET ADDRESS CITY-ST-ZIP IIILE NAME. SIREET ADDRESS	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	te THE NAME STREET. CITY-SI IE TITE. NAME STREET. CITY-SI	T-ZIP ADDRESS	ADDITIONS	Trust Fund Co	entribution.	Adde	ed to Fees S IN 11 Addition Addition
After Make Check 10. IJILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	te THE NAME STREET. CITY-SI IE TITE. NAME STREET. CITY-SI	T-ZIP ADDRESS	ADDITIONS	Trust Fund Co	entribution.	☐ Adde	S IN 11
After Make Check 10. IJIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	ITE THE NAME STREET. CITY-SI IE TITLE NAME STREET. CITY-SI TO THE NAME NAME NAME	T-ZIP ADDRESS	ADDITIONS	Trust Fund Co	entribution.	Adde	ed to Fees S IN 11 Addition Addition
After Make Check 10. IJILE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME.	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	ITE THE NAME STREET. CITY-SI IE TITLE NAME STREET. CITY-SI TO THE NAME NAME NAME	ADDRESS 1- ZIP ADDRESS	ADDITIONS	Trust Fund Co	entribution.	Adde	ed to Fees S IN 11 Addition Addition
After Make Check 10. IJILE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS STREET ADDRESS	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	ITE THE NAME STREET. CITY-SI IE TITLE NAME STREET. CITY-SI TO THE NAME STREET. CITY-SI TO THE NAME STREET. CITY-SI	ADDRESS 1- ZIP ADDRESS	ADDITIONS	Trust Fund Co	FICERS AND	Adde DIRECTOR Change Change	ed to Fees S IN 11 Addition Addition Addition
After Make Check 10. ITHE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	ITE THE NAME STREET. CITY-SI IE TITLE NAME STREET. CITY-SI TO THE NAME STREET. CITY-SI TO THE NAME STREET. CITY-SI	ADDRESS 1- ZIP ADDRESS	ADDITIONS	Trust Fund Co	FICERS AND	Adde	ed to Fees S IN 11 Addition Addition
After Make Check 10. ITHE NAME. STREET ADDRESS CITY-ST-ZIP THE	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	ITE THE NAME STREET. CITY-SI IE TITLE NAME STREET. CITY-SI TO THE NAME.	ADDRESS 1- ZIP ADDRESS	ADDITIONS	Trust Fund Co	FICERS AND	Adde DIRECTOR Change Change	ed to Fees S IN 11 Addition Addition Addition
After Make Check 10. ITHE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THE NAME THE NAME	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	ITE THE NAME STREET. CITY-SI IE TITLE NAME STREET. CITY-SI TO THE NAME.	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ADDITIONS	Trust Fund Co	FICERS AND	Adde DIRECTOR Change Change	ed to Fees S IN 11 Addition Addition Addition
After Make Check 10. ITHE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS STREET ADDRESS	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	ITE THE NAME STREET. CITY-ST ITE THE NAME STREET. CITY-ST ITE NAME STREET. CITY-ST ITE NAME STREET. CITY-ST ITE NAME STREET. CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ADDITIONS	Trust Fund Co	FICERS AND	Adde DIRECTOR Change Change	ed to Fees S IN 11 Addition Addition Addition
After Make Check 10. ITHE NAME. SIREET ADDRESS CITY-ST-ZIP THE NAME. STREET ADDRESS CITY-ST-ZIP	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	ITE THE NAME STREET. CITY-ST ITE THE NAME STREET. CITY-ST ITE NAME STREET. CITY-ST ITE NAME STREET. CITY-ST ITE NAME STREET. CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ADDITIONS	Trust Fund Co	FICERS AND	Added DIRECTOR Change Change Change	ed to Fees SIN 11 Addition Addition Addition
After Make Check 10. ITHE NAME. STREET ADDRESS CITY-ST-ZIP THE NAME. STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	THE THE STREET. CITY-SI TO THE NAME. STREET. CITY-SI TO THE NAME.	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ADDITIONS	Trust Fund Co	FICERS AND	Added DIRECTOR Change Change Change	ed to Fees SIN 11 Addition Addition Addition
After Make Check 10. ITHE NAME. STREET ADDRESS CITY-ST-ZIP THE NAME. STREET ADDRESS CITY-ST-ZIP THE NAME NAME	May 1, 2007 Fee Will Be \$550.00 (Payable to Florida Department of OFFICERS AND VP LAMB, MERRILL 1234 SOUTH DIXIE HWY #340 CORAL GABLES FL 33146 P COLEMAN, HERBERT 14001 SW 152 CT	DIRECTORS Dele	THE THE STREET. CITY-SI TO THE NAME. STREET. CITY-SI TO THE NAME.	ADDRESS I-ZIP ADDRESS I-ZIP ADDRESS I-ZIP ADDRESS ADDRESS	ADDITIONS	Trust Fund Co	FICERS AND	Added DIRECTOR Change Change Change	ed to Fees SIN 11 Addition Addition Addition

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, Florida Statutos. 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: By: Prusing
SIGNATURE AND TYPED OR PAIN

as Vice- President 4/9/27 (308) 439-8827

DEFICER OR DIRECTOR

Cayline Price #