

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90035 038 ***150.00

DOCUMENT # P03000106825 1. Entity Name COMMUNE CATERING SERVICE, INC.																													
Principal Place of Business 8260 N.E. 2ND AVE. MIAMI, FL 33138			Mailing Address 8260 N.E. 2ND AVE. MIAMI, FL 33138																										
2. Principal Place of Business 16101 NE 3 Ave. Suite, Apt. #, etc.			3. Mailing Address 16101 NE 3 Ave. Suite, Apt. #, etc.																										
City & State Miami, FL Zip 33162 Country USA			City & State Miami, FL Zip 33162 Country USA																										
4. FEI Number 20-0268481			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			01212004 Chg-P CR2E034 (10/03)																										
6. Name and Address of Current Registered Agent MEUS, ROSE M 8260 N.E. 2ND AVE. MIAMI, FL 33138			7. Name and Address of New Registered Agent Name Kettely Joseph Street Address (P.O. Box Number is Not Acceptable) 16101 NE 3 Ave. City Miami FL Zip Code 33162																										
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PD MEUS, ROSE M</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">8260 N.E. 2ND AVE.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33138</td> </tr> </table>			TITLE	PD MEUS, ROSE M	<input checked="" type="checkbox"/> Delete	NAME			STREET ADDRESS	8260 N.E. 2ND AVE.		CITY-ST-ZIP	MIAMI, FL 33138		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">Pres., Dir. Trs.</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Joseph, Kettely</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">16101 NE 3 Ave.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Miami, FL 33162</td> </tr> </table>			TITLE	Pres., Dir. Trs.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Joseph, Kettely		STREET ADDRESS	16101 NE 3 Ave.		CITY-ST-ZIP	Miami, FL 33162	
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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: * * 2/3/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													