

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109818

FILED  
Jul 11, 2005  
Secretary of State

Entity Name: HINOJOSA - JIMENEZ FOOD SERVICE, INC.

## Current Principal Place of Business:

5033 HERON PLACE  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

## Current Mailing Address:

5033 HERON PLACE  
COCONUT CREEK, FL 33073

## New Mailing Address:

FEI Number: 20-0297436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAMBERT, SANDRA ESQ  
370 W CAMINO GARDENS BLVD, STE 114  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JIMENEZ, OMAR  
Address: 5033 HERON PLACE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: V ( ) Delete  
Name: JIMENEZ, DOLORES S  
Address: 108-37 42ND AVE  
City-St-Zip: CORONA, NY 33073

Title: S ( ) Delete  
Name: JIMENEZ, LEANDRA  
Address: 5033 HERON PLACE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD ( ) Delete  
Name: HINOJOSA, MARCO  
Address: 108-37 42ND AVE  
City-St-Zip: CORONA, NY 11368

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR JIMENEZ

PD

07/11/2005

Electronic Signature of Signing Officer or Director

Date