

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90410 017 ***150.00

DOCUMENT # P04000013812

1. Entity Name

TRIBENE CATERING SERVICE, INC.



Principal Place of Business

13900 S. JOG ROAD
DELRAY BEACH, FL 33484

Mailing Address

13900 S. JOG ROAD
DELRAY BEACH, FL 33484



04202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0639678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIBUNELLA, ANTONINO
13900 S. JOG ROAD
DELRAY BEACH, FL 33484

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing-
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME TRIBUNELLA, JOSEPHINE
STREET ADDRESS 13900 S. JOG ROAD
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D
NAME TRIBUNELLA, ANTONINO
STREET ADDRESS 13900 S. JOG ROAD
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/23/08 561
477-3988