## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000039260

5670 OAK TREE AVE

HOLLYWOOD, FL 33312

Address: City-St-Zip:

Entity Name: PALM CATERERS OF WESTON, INC

FILED Jan 20, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
2360 GLAI WESTON	DES CIR. , FL 33327			
Current Mailing Address:			New Mailing Address:	
2360 GLAI WESTON	DES CIR. , FL 33327			
FEI Number	: 38-3698499	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
401 EAST FT. LAUD	ERDALE, FL			d -65'
	e named entity e of Florida.	submits this statement for the p	surpose of changing its registered	d office or registered agent, or both,
SIGNATUI	RE:			
Electronic Signature of Registered Ager			nt Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP ( HEIKEN, SCO <sup>-</sup> 199 GOLDEN GOLDEN BEA	BCH DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	PD ( FRIEDMAN, BI 3950 N 43 AVE HOLLYWOOD	<b>:</b>	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	ST ( KAUFMAN, ER	) Delete IC	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: SCOTT KUSHNER GM 01/20/2009