

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90042 033 ***150.00

DOCUMENT # P04000121050

1. Entity Name

DINNER CLUB FOODS, INC.



Principal Place of Business

C/O OPTIMA REALTY
1900 SOUTH HARBOR CITY BLVD SUITE 232
MELBOURNE FL 32901

Mailing Address

C/O OPTIMA REALTY
1900 SOUTH HARBOR CITY BLVD SUITE 232
MELBOURNE FL 32901



2. Principal Place of Business

3450 BAYSIDE LAKES BLVD SE
Suite, Apt. #, etc.

3. Mailing Address

3450 BAYSIDE LAKES BLVD SE
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

PAUM BAY FL

City & State

PAUM BAY FL

4. FEI Number

20-1565105

Applied For

Not Applicable

Zip
32908-6915

Country
USA

Zip
32908-6915

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EBERT, BARRY A
1900 S HARBOR CITY BLVD SUITE 232
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name
NICHOLAS CHIOS
Street Address (P.O. Box Number is Not Acceptable)

3450 BAYSIDE LAKES BLVD SE
City
PAUM BAY FL Zip Code
32908

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHIOS, NICHOLAS C
1900 S HARBOR CITY BLVD SUITE 232
MELBOURNE FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D I P ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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 life empowered.

SIGNATURE: NICHOLAS CHIOS 3-23-05 321 676 9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #