## 2008 FOR PROFIT CORPORATION

FILED
Mar 14, 2008 08:00 A
Secretary of State

ANNUAL REPORT					Mar 14, 2008 08			
DOCUMENT # P04000138880  1. Entity Name SEBASCO CATERING BOX LUNCH INC						Secretai	y of S	
Principal Place 8841 NW 15 MIAMI LAKES	O ST	Mailing Address 8841 NW 150 ST MIAMI LAKES, FL 33018			II 2011		EBIJERI IK JOÉT	
DO NOT WRITE IN THIS SPA			CE	01292008 4. FEI Numb 20-173	No Chg-P	<del> </del> +	Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SEBASCO, PEDRO A OWNER  8841 NW 150TH STREET  MIAMI LAKES, FL 33018  8. The above named entity submits this statement for the purpose of changing its registere			ed office or register	IN "	NOT W	ACE	th, and accept	
the obligations of registered agent.  SIGNATURE  Signature: typed or conted name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution. Added to Fees								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEBASCO, PEDRO A OWNER 8841 NW 150TH STREET MIAMI LAKES, FL 33018	HECTORS			000000 04/01/08	0858711 -80057-007	158.75	
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12. I hereby certify that the information supplied with this filing coas 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 trusted empowered to exceed 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 a fifther like empowered.

Ped Mo Sebaseo

SIGNATURE:

STREET ADDRESS CITY-S1-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

305527.09 Deviane Phone #