

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000080153

1. Entity Name
FRANCFood SERVICES, INC.



Principal Place of Business
13695 WEST DIXIE HWY.
NORTH MIAMI, FL 33161

Mailing Address
2750 NE 183 ST.
#408
AVENTURA, FL 33160 US

FILED
May 05, 2008 08:00 AM
Secretary of State



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1692196

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEINSTEIN, HOWARD S ESQ.
2875 NE 191 ST.
304
AVENTURA, FL 33180

**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	P
NAME	SIRAGUSA, SALVATORE
STREET ADDRESS	2750 NE 183 ST., #408
CITY - ST - ZIP	AVENTURA, FL 33160
TITLE	VP
NAME	APRILE, GINO
STREET ADDRESS	210 174 ST., APT. #119
CITY - ST - ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000947981
06/02/08-80037-004 150.00

**DO NOT WRITE
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

✓ 4-30 08 ✓ 3-7105210-
Date Daytime Phone #