2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

DOCUMENT # P05000127338 1. Entity Name JLS CATER, INC.							01-14-200	8 90106 (048 ***150	.00	
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	:						
291 SE MIZNER BLVD. BOCA RATON, FL 33432 291 SE MIZNER BLVD. BOCA RATON, FL 33432			2								
Principal Place of Business - No P.O. Box # Mailing Address					_						
Suite. Apt. #, etc.		Suite, Apt. #, etc.				01102008	Chg-P	CR2	E034 (12/06)		
City & State		City & State			+	4. FEI Number 20-347			<u> </u>	plied For Applicable	
Zíp	Country	Zip	Count	try	1		of Status Desire	d 🗆	\$8.75 Add	itional	
	6. Name and Address of Current	egistered Agent				7. Name and Address of New Registered Agent					
					Name JOSE L. SANTOS JR.						
SANTOS, NUBIA C 291 SE MIZNER BLVD. BOCA RATON, FL 33432				Street Address (P.O. Box Number is Not Acceptable)							
				City D		7			Zip Code		
						RATE		F	_ I ~ J _ J _ Y		
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.											
SIGNATUREX OU NO X / 10/08											
Signature, typed or printed 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 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS,	CHANGES TO	OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE	VD. YD	☐ Delete	TITLE		, D				Change	Addition	
NAME STREET ADDRESS	SANTOS JR., JOSE L 4129 NW 88TH AVE #203		NAME	E ET ADDRESS						\	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY	-ST-ZIP				·			
TITLE NAME	PD SANTOS, NUBIA C	Delete	TITLE						Change	☐ Addition	
STREET ADDRESS	10956 WINDING CREEK WAY		NAM! STRE	ET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY	-ST-ZIP							
TITLE NAME		☐ Delete	TITLE	1		_		-	Change	_ Addition_	
STREET ADDRESS	-		NAMI	ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP				<u> </u>			
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NAME STREET ADDRESS			NAMI STRE	E ET ADDRESS						ſ	
CITY-ST-ZIP				-ST-ZIP							
12. I hereby	certify that the information supplied wit	Athis filing does not qualify for	the exe	emptions contai	ined i	in Chapter 119	9, Florida Statute	es. I further o	certify that the in	or director	
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.											
changed, or on an attachment with an address, with all differ like empowered.											