

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133450

Entity Name: FOOD LINE SERVICE INC.

FILED  
Feb 25, 2009  
Secretary of State

## Current Principal Place of Business:

150 W FLAGLER ST  
SUITE #175  
MIAMI, FL 33130

## New Principal Place of Business:

141 CRANDON BLVD. #243  
KEY BISCAYNE, FL 33149

## Current Mailing Address:

150 W FLAGLER ST  
SUITE #175  
MIAMI, FL 33130

## New Mailing Address:

141 CRANDON BLVD. #243  
KEY BISCAYNE, FL 33149

FEI Number: 20-3740733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELGADO, MARIA  
150 W FLAGLER ST  
SUITE #175  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

DELGADO, MARIA  
141 CRANDON BLVD. #243  
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: \_\_\_\_\_

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DELGADO, MARIA T  
Address: 150 W FLAGLER ST SUITE #175  
City-St-Zip: MIAMI, FL 33130

Title: VSD ( ) Delete  
Name: FOLLA, MARIA B  
Address: 150 W FLAGLER ST SUITE #175  
City-St-Zip: MIAMI, FL 33130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DELGADO, MARIA T  
Address: 141 CRANDON BLVD. #243  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VSD (X) Change ( ) Addition  
Name: FOLLA, MARIA B  
Address: 141 CRANDON BLVD. #243  
City-St-Zip: KEY BISCAYNE, FL 33149

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.

SIGNATURE: MARIA T DELGADO

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date