

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90031 008 ***158.75

DOCUMENT # P06000041594			
1. Entity Name FOOD AND FUN ENTERPRISES, INC.			
Principal Place of Business 5801 WOODLAND POINT DRIVE TAMARAC FL 33319		Mailing Address 5801 WOODLAND POINT DRIVE TAMARAC FL 33319	
2. Principal Place of Business - No P.O. Box # 9401 NW 18th Place		3. Mailing Address 9401 NW 18th Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation FL		City & State Plantation FL	
Zip 33322	Country U.S.A.	Zip 33322	Country U.S.A.
6. Name and Address of Current Registered Agent PALMA, ROSSMAN L 5801 WOODLAND POINT DRIVE TAMARAC FL 33319		7. Name and Address of New Registered Agent Name PALMA, Rossman L. Street Address (P.O. Box Number is Not Acceptable) 9401 NW 18th Place City Plantation, FL Zip Code 33322	
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. Notice: It's same registered agent. what changed is just address			
SIGNATURE PALMA, ROSSMAN L.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	NAME PALMA, ROSSMAN L	TITLE PRES	NAME PALMA, Rossman L.
STREET ADDRESS 5801 WOODLAND POINT DRIVE	CITY-ST-ZIP TAMARAC FL 33319	STREET ADDRESS 9401 NW 18th Place	CITY-ST-ZIP Plantation, FL 33322
TITLE SEC	NAME PALMA, ROSSMAN L	TITLE SEC.	NAME PALMA, Rossman L.
STREET ADDRESS 5801 WOODLAND POINT DRIVE	CITY-ST-ZIP TAMARAC FL 33319	STREET ADDRESS 9401 NW 18th Place	CITY-ST-ZIP Plantation, FL 33322
TITLE TREA	NAME PALMA, ROSSEL H	TITLE	NAME
STREET ADDRESS 5801 WOODLAND POINT DRIVE	CITY-ST-ZIP TAMARAC FL 33319	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

PALMA, ROSSMAN L.

Rossman L. PALMA

04/26/08

(954)

881-0075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days, no Phone #