

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000022879

1. Entity Name
CELEBRITY CHEF CATERING INC.,



Principal Place of Business
1725 N E 3RD AVE
FORT LAUDERDALE, FL 33305

Mailing Address
1725 N E 3RD AVE
FORT LAUDERDALE, FL 33305

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05062008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-8497277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, LESLIE R MR.
1725 N.E. 3RD AVENUE
FORT LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., if
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VP
NAME ROBERTS, GEOFFREY G MR.
STREET ADDRESS 1725 N.E. 3RD AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33305 ☐ Delete

TITLE P
NAME HARRIS, LESLIE R
STREET ADDRESS 1725 N.E. 3RD AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

FILED

08 MAY 27 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05/19/08-01004-003-#150.00

KS

[Handwritten signature]

GEOFFREY G. ROBERTS

May 6th 08