

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000103337

FILED  
Sep 27, 2012  
Secretary of State

**Entity Name:** TASTE OF LIFE CATERING, INC.

**Current Principal Place of Business:**

3283 SE WEST SNOW ROAD  
PORT ST. LUCIE, FL 34984 US

**New Principal Place of Business:**

**Current Mailing Address:**

3283 SE WEST SNOW ROAD  
PORT ST. LUCIE, FL 34984 US

**New Mailing Address:**

**FEI Number:** 45-4201211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

SCHWIMER, MARTA A  
3283 SE WEST SNOW RD  
PORT SAINT LUCIE, FL 34984 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: MARTA SCHWIMER

09/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: SCHWIMER, MARTA A  
Address: 3283 SE WEST SNOW ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: S  
Name: SCHWIMER, MARTA A  
Address: 3283 SE WEST SNOW ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: T  
Name: SCHWIMER, ADAM  
Address: 3283 SE WEST SNOW ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34984 US

I hereby 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 all other like empowered.

SIGNATURE: MARTA SCHWIMER

P, D

09/27/2012

Electronic Signature of Signing Officer or Director

Date