

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047485

FILED
Sep 08, 2004
Secretary of State

Entity Name: K.B. TRUFFLES FOOD SERVICE OF SO. FLORIDA INC.

Current Principal Place of Business:

3400 LAKESIDE DRIVE
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

8101 NW 46 CT
LAUDERHILL, FL 33351 US

New Mailing Address:

FEI Number: 65-0693564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, KAREN
8101 NW 46TH COURT
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE-COX, KAREN
Address: 8101 NW 46TH COURT
City-St-Zip: LAUDERHILL, FL 33351

Title: VP () Delete
Name: COX, STEPHEN R
Address: 8101 NW 46 CT
City-St-Zip: LAUDERHILL, FL 33351

Title: S () Delete
Name: TRAVERSE, THOMAS
Address: MELLER LANE
City-St-Zip: JUPITER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN COX

PRES

09/08/2004

Electronic Signature of Signing Officer or Director

Date