

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047485

FILED  
Sep 07, 2005  
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: STEPHEN COX

VP

09/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date