

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091423

FILED
Apr 28, 2005
Secretary of State

Entity Name: AMERICAN FOODSERVICE OF MIAMI, INC.

Current Principal Place of Business:

12805 NW 42 AVE.
OPA-LOCKA, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
STE. 240
CORAL GABLES, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD.
240
CORAL GABLES, FL 33134

FEI Number: 65-0708503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD., #240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
240
CORAL GABLES, FL 33134 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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ACOSTA, HUGO
Address: 13020 MAR STREET
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: MEDINA, DELIO
Address: 600 NORTH ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP (X) Change () Addition
Name: ACOSTA, HUGO
Address: 13020 MAR STREET
City-St-Zip: CORAL GABLES, FL 33156

Title: DVS (X) Change () Addition
Name: MEDINA, DELIO
Address: 600 NORTH ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160

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: HUGO ACOSTA

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date