2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000050467

1. Entity Name

THE BEST OF THE BEST CATERING CORP.



Principal Place of Business

2737 LAFAYETTE STREET FORT MYERS, FL 33916

Mailing Address

2737 LAFAYETTE STREET FORT MYERS, FL 33916

FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 91053 043 ***150.00

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Tanganat	

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No Chg-P 04222004 CR2E034 (10/03)

4. FEI Number 59-3481257

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

£	Name and	Address of	Current Da	nictored Ac	ant
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ESPINOZA; MANUEL ---2737 LAFAYETTE STREET FORT MYERS, FL 33916

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8.	The above	e named en	itity submits	this statem	ent for the p	urpose of o	hanging its	registered of	office or regis	stered agent,	or both, in th	e State of Floric	la. I am famil	iar with, a	and accept
			istered age				,	_	-		•				

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. 0000000000000000000000000000000000

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIRINO, JUAN J 4197 WEST 10 AVE. HIALEAH, FL 33012						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPINOZA, MANUEL 4726 S.W. 24TH PLACE CAPE CORAL, FL 33914						
TITLE NAME ***** STREET ADDRESS CITY-ST-ZIP	S -THOMPSON, KINGSTON 4835 S.W. 18TH AVENUE CAPE CORAL, FL 33914	الأربي بوي الماضة مستدام					
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 if

SIGNATURE:

FFICER OF DIRECTOR

04-23-04 Date Daytime Phone #