

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3481257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPINOZA, MANUEL
2737 LAFAYETTE STREET
FORT MYERS, FL 33916

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

11/28/05-80036-010 150.00

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #