2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700050467 1. Entity Name THE BEST OF THE BEST CATERING CORP.							J	FILED Jul 28, 2008 08100 AM Secretary of State				
Principal Place of Business 2737 LAFAYETTE STREET FORT MYERS, FL 33916				Mailing Address 2737 LAFAYETTE STREET FORT MYERS, FL 33916					1))) ab iai bija ab iji i			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			07092008	Chg-P	CR2E034	(12/06)		
City & State				City & State		4. FEI Numb 59-348				plied For t Applicable		
Zip	Country			Zip Coun		try	5. Certificate	e of Status Desired		3.75 Add e Required		
	6. Name	and Address of Current	Regis	gistered Agent Name			7. Name and Address of New Registered Agent					
ESPINOZA, MANUEL 2737 LAFAYETTE STREET FORT MYERS, FL 33916						Street Address (P.O. Box Number is Not Acceptable)						
						City		.	FL	Zip Code)	
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												
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financin Trust Fund Contribution.							5.00 May Be dded to Fees	In accordance corporation did	with s. 607.19 not receive the	93(2)(b), l he prior n	S., the otice.	
10. OFFICERS AND				CTORS		ADDITIONS	L /CHANGES TO OF	FICERS AND DI	RECTORS	IN 11		
TITLE NAME	P CHIRINO	. JUAN J		☐ Delete TITLE		· I				Change	Addition	
STREET ADDRESS CHY-ST-ZIP	4197 WE	ST 10 AVE. I, FL_33012		STRE	ET ADDRESS - ST - ZIP		000000956536 07/28/08-80007-0			.00		
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NAME STREET ADDRESS CHTY-ST-ZIP		 t .				ET ADDRESS ST-ZIP	•					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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: Date A Figure Proces Date Date Date Date Date Date Date Date												