2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P97000050467

Entity Name: THE BEST OF THE BEST CATERING CORP.

Current Principal Place of Business:

2737 LAFAYETTE STREET
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2737 LAFAYETTE STREET
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 59-3481257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESPINOZA, MANUEL
2737 LAFAYETTE STREET
FORT MYERS, FL 33916 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHIRINO, JUAN J
Address: 4197 WEST 10 AVE.
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Delete
Name: ESPINOZA, MANUEL
Address: 4726 S.W. 24TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: S ( ) Delete
Name: THOMPSON, KINGSTON
Address: 1910 NW 19TH AVE
City-St-Zip: CAPE CORAL, FL 33993

Title: T ( ) Delete
Name: ESPINOZA, RAUL & ZOILA
Address: 1403 SE 33RD TERRACE
City-St-Zip: CAPE CORAL, FL 33904

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MANUEL ESPINOZA VP 03/27/2009

Electronic Signature of Signing Officer or Director — Date