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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000052735

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90013 006 ***150.00

Pa	llets To Go, I	InC								
,	ce of Business	Mailing Addres			-d 20	/				
370 <i> </i> 1	V. Seaboard Rd		D N.Se			1				
N. Wil	ami Beach, Fl. 331	69 N.V	<i><u>Uiami</u></i>			DO NOT WRIT	TE IN THIS SE	PACE		ı
	arm occaming to	· • 1		3	3169	3. Date Incorporated or Qualifed	06-	16-	97	
	Place of Business N. Seaboard Rd	2a. Mailing Add	dress 7 . & Q	bour	dRd	4. FEI Number 65 -076326	2		plied For Applicable	
Suite, Apt		Suite, Apt.				5. Certifcate of Status Desired		\$8.75 A Fee Red		
City & Sta	lioni Beach Fl	City & State	liami	Bea	sh.Fl	6. Election Campaign Financing Trust Fund Contribution		\$5.00 f	· ,	
Zip	Country	Zip		Country	~ (8. This corporation owes the curre	ent year Intang			
24 33	164 25 USA	29 331	(p) 30	0 (DA	Personal Property Tax.			□No	
	9. Name and Address of Curren	t Registered Agent	<u> </u>	81	Name	10. Name and Address of New R	egistered Ag	en <u>t</u>		
Piac	oberto Lestein									
370 N. Seaboard Rd					Street Add	ress (P.O. Box Number is Not Acceptal	ole)			
· ·				83						
N.M	liami Beach, 7	1.33169		84	City		FL	85 Zip C	ode	
						poration submits this statement for the poor to be poration's board of directors. I hereby accept				
	am familiar with, and accept the obligat				ne corporati	ion's board of directors. Thereby decep	сте арранти	ciii do rog	,,510104	
SIGNATURE		nt and title if applicable.	(NOTE: Re	egistered Agent	signature require	ed when reinstating)	DATE			_
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Re	egistered Agent		ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND I	DIRECTOR	RS IN 12	(86)
<u></u>	Signature, typed or printed name of registered agen	D DIRECTORS	(NOTE: Re			ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOF	RS IN 12	(11/98)
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP