


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91909 026 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000016236

1. Entity Name
DINNERS TO GO! INC.



Principal Place of Business
 1901 N 61 AVE
 HOLLYWOOD, FL 33024

Mailing Address
 1901 N 61 AVE
 HOLLYWOOD, FL 33024

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0814289** Applied For Not Applicable

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

5. Name and Address of Current Registered Agent
VARGAS, MARTIN T
 1901 N 61 AVE
 HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent
 Name
 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 *[Signature]* DATE **4.29.03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARGAS, INGRID L 1901 N 61 AVE HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV VARGAS, MARTIN T 1901 N 61 AVE HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4.29.03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment
Doc # P98000016236
86112725

PARA: NUESTROS CLIENTES
DE: ANDRES RODRIGUEZ
R&P ACCOUNTING & TAXES, INC.
REFERENCIA: RENOVACION DE LA CORPORACION
FECHA: APRIL 25/03

COMO ES DE SU CONOCIMIENTO GENERAL, CADA AÑO SU CORPORACION DEBE SER RENOVADA POR EL ESTADO DE LA FLORIDA. POR ESTA RAZON, USTED DEBE HACER UN PAGO POR \$150 A NOMBRE DE FLORIDA DEPARTMENT OF STATE Y DEBE ENVIARLO ANTES DEL 1o. DE MAYO/03 A LA SIGUIENTE DIRECCION:

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

USTED PUEDE HACER CUALQUIER MODIFICACION A SU COMPAÑIA A TRAVES DE ESTA RENOVACION COMO:

- CAMBIO DE DIRECCION
- CAMBIO DE AGENTE REGISTRADOR
- CAMBIO DE OFICIALES

RECUERDE ENVIAR ESTE PAGO Y EL FORMATO DE LA RENOVACION CON EL CHEQUE ANTES DEL 1o. DE MAYO/03.

SI USTED NECESITA INFORMACION ADICIONAL, NOSOTROS ESTAREMOS DISPUESTOS A SUMINISTRARSELA.

CORDIALMENTE

ANDRÉS RODRIGUEZ
Contador
Tel: (305) 539-1733
Tel: (786) 487-2830