2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000070843

1. Entity Name
SOUTH FLORIDA CATERING SERVICE, INC.

Principal Place of Business	Mailing Address
10766 LAKE JASMNE DR BOCA RATON, FL 33498	10766 LAKE JASMNE DR BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

04032004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0866905	Not Applicable

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

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6. Name and Address of Current Registered Agent

GABRIELE, JOSEPH
10766 LAKE JASMINE DR
BOCA RATON, FL 33498

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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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GABRIELE, JOSEPH
STREET ADDRESS	10766 LAKE JASNME DR
CITY-ST-ZIP	BOCA RATON, FL 33498

TITLE	
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CITY-ST-ZIP	

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: X _Joseph Gabriele_   X 4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #