
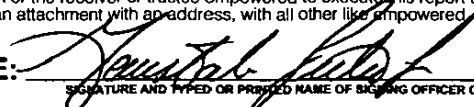


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90012 041 ***150.00

DOCUMENT # P98000092810 1. Entity Name COMPLETE FOOD SERVICE MANAGEMENT, INC.					
Principal Place of Business UCF STUDENT UNION PEGASUS CIRCLE BLDG #52 ORLANDO, FL 32816			Mailing Address 2697 BALLARD AVENUE ORLANDO, FL 32833		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3566437	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, TEMISTOCLES 2697 BALLARD AVENUE ORLANDO, FL 32833				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			- 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, TEMISTOCLES		NAME		
STREET ADDRESS	2697 BALLARD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32833		CITY-ST-ZIP		
TITLE	PRES V.P.		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, KENYA		NAME		
STREET ADDRESS	2697 BALLARD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32833		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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 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: 			Date: 2/18/06 Daytime Phone #: 973-464-7888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					