

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092810

FILED
Apr 27, 2008
Secretary of State

Entity Name: COMPLETE FOOD SERVICE MANAGEMENT, INC.

Current Principal Place of Business:

UCF STUDENT UNION
PEGASUS CIRCLE BLDG #52
ORLANDO, FL 32816

New Principal Place of Business:

Current Mailing Address:

2697 BALLARD AVENUE
ORLANDO, FL 32833

New Mailing Address:

13251 BRAMHALL RUN
ORLANDO, FL 32832

FEI Number: 59-3566437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, TEMISTOCLES
2697 BALLARD AVENUE
ORLANDO, FL 32833 US

Name and Address of New Registered Agent:

GUTIERREZ, TEMISTOCLES A
13251 BRAMHALL RUN
ORLANDO, FL 32832 US

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: TEMISTOCLES A. GUTIERREZ

04/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GUTIERREZ, TEMISTOCLES
Address: 2697 BALLARD AVENUE
City-St-Zip: ORLANDO, FL 32833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GUTIERREZ, TEMISTOCLES A
Address: 13251 BRAMHALL RUN
City-St-Zip: ORLANDO, FL 32832

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: TEMISTOCLES A. GUTIERREZ

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date