

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90022 008 \*\*\*150.00

**DOCUMENT # P99000002693**

1. Entity Name  
**CHEF'S EDGE CUISINE INC.**



Principal Place of Business      Mailing Address

**6444 N.W. 20TH CT.  
MARGATE, FL 33063**      **6444 N.W. 20TH CT.  
MARGATE, FL 33063**

**DO NOT WRITE IN THIS SPACE**



02262004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0878990**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ARNOLD, DOUGLAS A  
6444 N.W. 20TH CT.  
MARGATE, FL 33063**

**DO NOT WRITE IN THIS SPACE**

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, 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	PS
NAME	ARNOLD, DOUGLAS A
STREET ADDRESS	6444 N.W. 20TH CT.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VPT
NAME	ARNOLD, JILL M
STREET ADDRESS	6444 N.W. 20TH CT.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **Douglas Arnold President**    Date: **2-10-04**    Daytime Phone #: **954-977-2433**