## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000064822

Address:

City-St-Zip:

2255 NE 164 ST

NORTH MIAMI BEACH, FL 33160

Entity Name: LAURENZO BROS. CATERERS, INC.

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2255 NE 1 NORTH M	64 ST IIAMI BEACH,	FL 33160			
Current Mailing Address:			New Mailing Address:		
	DIXIE HWY IIAMI BEACH,	FL 33160			
FEI Number	: 65-0935701	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
The above	64 ST IIAMI BEACH,		ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
0.014/ (101		nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LAURENZO, D 2255 NE 164 S		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LAURENZO, R 2255 NE 164 S		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	STD ( LAURENZO, C	) Delete AROL	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CAROL LAURENZO STD 01/13/2009