


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90245 030 ***150.00

DOCUMENT # P99000109599	
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1. Entity Name SOUTH FLORIDA HOSPITALITY PROVISIONS, INC.	Principal Place of Business 501 E. CAMINO REAL BOCA RATON, FL 33432	Mailing Address P O BOX 5025 CORPORATE OFFICES BOCA RATON, FL 33431
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
03232004	Chg-P CR2E034 (10/03)
4. FEI Number 65-0968335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VS <input type="checkbox"/> Delete
NAME	HANDLEY, RICHARD L
STREET ADDRESS	450 EAST LAS OLAS BLVD., 15TH FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	DV <input type="checkbox"/> Delete
NAME	MOOR, WAYNE
STREET ADDRESS	501 EAST CAMINO REAL
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	ROCHON, RICHARD C
STREET ADDRESS	450 E LAS OLAS BLVD # 1500
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VT <input type="checkbox"/> Delete
NAME	FINOCCHIARO, MARY JO
STREET ADDRESS	501 E CAMINO REAL
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	P <input type="checkbox"/> Delete
NAME	FEDER, DAVID S
STREET ADDRESS	501 E CAMINO REAL
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOR, WAYNE
STREET ADDRESS	501 E. CAMINO REAL
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Mary Jo Finocchiaro	<i>Mary Jo Finocchiaro</i>	4/16/04	561-447-5302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #