

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90032 012 ***158.75

DOCUMENT # S18792

1. Entity Name
 BON APPETIT OF SOUTH FLORIDA, INC.



Principal Place of Business: 8825 S.W. 97 TERRACE, MIAMI, FL 33176 US

Mailing Address: 8825 S.W. 97 TERRACE, MIAMI, FL 33176 US

2. Principal Place of Business: 2750 DOUGLAS RD, Suite, Apt. #, etc. #200

3. Mailing Address: 2750 DOUGLAS RD, Suite, Apt. #, etc. 200

City & State: MIAMI, FL

Zip: 33133 Country: USA



01122005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0233621 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 RASSNER, WAYNE H., ESQ.
 7700 N. KENDALL, #803
 MIAMI, FL 33156

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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 consisting)
 DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P	NAME: HAJJAR, MOHAMMED	STREET ADDRESS: 8825 S.W. 97TH TER.	CITY-ST-ZIP: MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE: VP	NAME: HAJJAR, SUSAN	STREET ADDRESS: 8825 S.W. 97TH TER.	CITY-ST-ZIP: MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: January 12th, 2005 DAY/TC PHONE # _____