

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000054857

**Entity Name:** THE SUPERB HORS D'OEUVRE, CO.

**Current Principal Place of Business:**

2883 EXECUTIVE PARK DRIVE  
SUITE 200  
WESTON, FL 33331

**Current Mailing Address:**

2883 EXECUTIVE PARK DRIVE  
SUITE 200  
WESTON, FL 33331 US

**FEI Number:** 20-4920145

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARVN S. SCHULMAN, P.A.  
2883 EXECUTIVE PARK DRIVE  
SUITE 200  
WESTON, FL 33331 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title P  
Name SCHULMAN, MICHELLE D  
Address 2883 EXECUTIVE PARK DRIVE, #200  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name SCHULMAN, JONATHAN  
Address 2883 EXECUTIVE PARK DRIVE  
SUITE 200  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name SCHULMAN, JAMES  
Address 2883 EXECUTIVE PARK DRIVE  
SUITE 200  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name SCHULMAN, JESSE  
Address 2883 EXECUTIVE PARK DRIVE  
SUITE 200  
City-State-Zip: WESTON FL 33331

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHELLE D. SCHULMAN

**PRESIDENT/DIRECTOR**

**04/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date