

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 313149

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: FOOD SPOT CORPORATION

**Current Principal Place of Business:**

6255 SW 98TH ST  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

6255 SW 98TH ST  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 59-1159410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE.  
STE. 125  
CORAL GABLES, FL 33146 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARRIS, LARRY J,  
Address: 9990 SW 77 AVE STE 200  
City-St-Zip: MIAMI, FL 33156

Title: EXVP ( ) Delete  
Name: BRUCE WILNER,  
Address: 9990 SW 77 AVE STE 200  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LARRY HARRIS

P

04/12/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date