


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90127 041 ***150.00

DOCUMENT # 629817			
1. Entity Name GLOBAL FOOD CORP.			
Principal Place of Business 2601 E. OAKLAND PARK BLVD SUITE 200 FT. LAUDERDALE, FL 33306		Mailing Address 2601 E. OAKLAND PARK BLVD SUITE 200 FT. LAUDERDALE, FL 33306	
2. Principal Place of Business 901 South Federal Hwy Suite, Apt. #, etc. Suite 202		3. Mailing Address 901 South Federal Hwy Suite, Apt. #, etc. Suite 202	
City & State Ft Lauderdale, FL		City & State Ft Lauderdale, FL	
Zip 33316	Country USA	Zip 33316	Country USA
4. FEI Number 59-1953631		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUER, JOHN P. 2601 E. OAKLAND PARK BLVD SUITE 200 FT LAUDERDALE FL, FL 33306		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
SIGNATURE <u>John P. Bauer</u>		DATE <u>4-12-06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUER, JOHN 2601 E. OAKLAND PARK BLVD FT LAUDERDALE., FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	901 S. Federal Hwy 33316		901 S. Federal Hwy 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUER, MIMI 2601 E. OAKLAND PARK BLVD FT LAUDERDALE., FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	901 S. Federal Hwy 33316		901 S. Federal Hwy 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John P. Bauer</u>		Date <u>4-12-06</u> Daytime Phone # <u>954-467-1700</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	