

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F00000006964

1. Entity Name  
 TRUE WORLD FOODS, INC.



Principal Place of Business  
 32 - 34 PAPETTI PLAZA  
 ELIZABETH, NJ 07206

Mailing Address  
 24 LINK DRIVE  
 ROCKLEIGH, NJ 07647



03062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-2974013	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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YASHIRO, TAKESHI 24 LINK DR. ROCKLEIGH, NJ 07647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SATO, SHIGEKI 32-34 PAPETTI PLAZA ELIZABETH, NJ 07206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAKAGI, AKIRA 11205 NW 36TH AVE. MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT INO, TOMOYUKI 32-34 PAPETTI PLAZA ELIZABETH, NJ 07206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YASHIRO, JENNIFER 24 LINK DR. ROCKLEIGH, NJ 07647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTOO, FURUTA 24 LINK DR. ROCKLEIGH, NJ 07647

100000695588  
 04/17/07-80066-011 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* 3/14/07 305 761 1407