


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90056 046 ***150.00

DOCUMENT # F07000001965 1. Entity Name STELLAR INTERNATIONAL FOOD SERVICES, INC.			
Principal Place of Business 2401 POLICE CENTER DRIVE SUITE 220 PLANT CITY, FL 33566		Mailing Address 2401 POLICE CENTER DRIVE SUITE 220 PLANT CITY, FL 33566	
2. Principal Place of Business - No P.O. Box # 2280 Hwy 92 EAST Suite, Apt. #, etc.		3. Mailing Address 2280 Hwy 92 EAST Suite, Apt. #, etc.	
City & State PLANT CITY, FL 33563 Zip Country 33563 H: 110602244		City & State PLANT CITY, FL Zip Country 33563 H: 110602244	
4. FEI Number 31-1341488		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 SIDOTI, SALVATORE V 2401 POLICE CENTER DRIVE SUITE 220 PLANT CITY, FL 33566		7. Name and Address of New Registered Agent Name SIDOTI, SALVATORE V. Street Address (P.O. Box Number is Not Acceptable) 2280 Hwy 92 EAST City State Zip Code PLANT CITY FL 33563	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-11-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <input type="checkbox"/> Delete SIDOTI, SALVATORE V 2401 POLICE CENTER DRIVE PLANT CITY, FL 33566	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4-11-08 <small>Daytime Phone #</small>	