



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H57977 1. Entity Name A.I.S. INTERNATIONAL FOOD PRODUCTS CORP.	
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Principal Place of Business 19495 BISCAYNE BLVD. SUITE 302 NORTH MIAMI BEACH, FL 33180	Mailing Address 19495 BISCAYNE BLVD. SUITE 302 NORTH MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE

	
04242008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2553147	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 GALSKY, ALBERTO 19495 BISCAYNE BLVD. SUITE 302 NORTH MIAMI BEACH, FL 33180
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	0000000926234 05/20/08-80059-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST GALSKY, ALBERTO 19495 BISCAYNE BLVD., #302 NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALSKY, ISAAC 19495 BISCAYNE BLVD., #302 NORTH MIAMI BEACH, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	04/28/08	3046820133
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>