

03/31/2004 11:10 8538020564

BCRAFT

MAR-31-2004 12:23PM FROM-ALMA FOOD IMPORTS INC


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FILED
Apr 05, 2004 8:00 am
Secretary of State

03-16-2004 90019 003 ****61.25
04-05-2004 90387 048 ****88.75

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

24034753

DOCUMENT # J90865			
1. Entry Name ALMA FOOD IMPORTS, INC.			
Principal Place of Business 215 IMPERIAL BLVD C-3 LAKELAND, FL 33803 US		Mailing Address 215 IMPERIAL BLVD C-3 LAKELAND, FL 33803 US	
B. Principal Place of Business		Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	County	Zip	County
4. I.D. Number 59-2844784		Applicable For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Declared <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIAMPAOLO MARCHI 1200 LAKE POINT DRIVE LAKELAND, FL 33813		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
8. The above named entry 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 acknowledge the obligations of registered agent.			
SIGNATURE _____ DATE _____			
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 Any Fee Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete	PDT FANCELLI, MAURO A.	VICCHIO EPATERNO 8 RIFOLI, FLORENCE, ITALY.	
<input type="checkbox"/> Change	STD FANCELLI, JULIE J.	VICCHIO EPATERNO 8 RIFOLI, FLORENCE, ITALY.	
<input type="checkbox"/> Delete	D MARCHI, GIAMPAOLO	1200 LAKE POINT DRIVE LAKELAND, FL 33813	
<input type="checkbox"/> Change	V. CRAFF, BRENDA	215 IMPERIAL BLVD., SUITE C-3 LAKELAND, FL 33803	
<input type="checkbox"/> Delete			
<input type="checkbox"/> Change			
<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Change	PDT Fancelli, Mauro A.	1355 Jefferson Drive Lakeland, FL 33803	
<input type="checkbox"/> Add	STD Fancelli, Julia J.	1355 Jefferson Drive Lakeland, FL 33803	
<input type="checkbox"/> Add	V Marchi, Giampaolo	1200 Lake Point Drive Lakeland, FL 33813	
<input type="checkbox"/> Change	V. Craff, Brenda	215 Imperial Blvd., Suite C-3 Lakeland, FL 33803	
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption set out in Section 110.07(3)(b), 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 trustee empowered to execute this report, as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or 11 of this filing, or on an attachment with an address, with an other like empowered.			
SIGNATURE <u>Brenda C. Craff</u> Brenda C. Craff, VP 3/12/04 863-802-5715			