


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # J90865 1. Ent'ly Name ALMA FOOD IMPORTS, INC.	
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Principal Place of Business 215 IMPERIAL BLVD C-3 LAKELAND, FL 33803 US	Mailing Address 215 IMPERIAL BLVD C-3 LAKELAND, FL 33803 US
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01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2844784	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

GIAMPAOLO, MARCHI  
1200 LAKE POINT DRIVE  
LAKELAND, FL 33813

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PDT FANCELLI, MAURO A 1355 JEFFERSON DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVD FANCELLI, JULIA J 1355 JEFFERSON DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MARCHI, GIAMPAOLO 1200 LAKE POINT DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V CRAF, BRENDA 215 IMPERIAL BLVD., SUITE C-3 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

01052005-80041-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/24/05 \$63,644.2797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing