

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90027 019 ***150.00

DOCUMENT # J90865
 1. Entity 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

DO NOT WRITE IN THIS SPACE

40055600



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-2844784
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAZZONI, MARCO
 215 IMPERIAL BLVD C-3
 LAKELAND, FL 33803

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	FANCELLI, MAURO A
STREET ADDRESS	1355 JEFFERSON DR.
CITY - ST - ZIP	LAKELAND, FL 33803
TITLE	SVD
NAME	FANCELLI, JULIA J
STREET ADDRESS	1355 JEFFERSON DR.
CITY - ST - ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #