2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017728

GOLD, JOEL

874 EAST 9TH STREET

BROOKLYN, NY 11230

Name:

Address:

City-St-Zip:

FILED Jul 05, 2006 Secretary of State

Entity Nar	me: INNOVA	FIVE FOOD HOLDINGS, INC.			
Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
1923 TRADE CENTER WAY SUITE 1 NAPLES, FL 34109				1923 TRADE CENTER WAY NAPLES, FL 34109	
Current M	lailing Addres	ss:	New Mailing Addre	New Mailing Address:	
1923 TRADE CENTER WAY SUITE 1 NAPLES, FL 34109			1923 TRADE CENTER WAY NAPLES, FL 34109		
FEI Number:	: 10-0002630	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
2501 E. CO 212 FT. LAUDE The above		33308 US	1923 TRADE CENT NAPLES, FL 34109	FOOD INNOVATIONS INC. 1923 TRADE CENTER WAY NAPLES, FL 34109 US of changing its registered office or registered agent, or both,	
	e of Florida.				
SIGNATUR	RE: <u>JOE DI M</u>			07/05/2006	
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO (DIMAGGIO, JO 5851 CHARLTO NAPLES, FL 3	ON WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COO (ZIAKAS, ZACK 4210 2ND AVE NAPLES, FL 3	SE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHM (DIMAGGIO, JC 5851 CHARLTO NAPLES, FL 3	ON WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (FERRONE, MIO 119 ALPINE AV OAKS BLUFF,	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DIR () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOE DI MAGGIO CEO 07/05/2006