

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085511

Entity Name: MCM FOOD CORP.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

7385 N.W. 78TH STREET
MEDLEY, FL 33166

New Principal Place of Business:

Current Mailing Address:

7385 N.W. 78TH STREET
MEDLEY, FL 33166

New Mailing Address:

FEI Number: 13-4281932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LENIS, CLARA I MS.
6894 NW 173RD DRIVE
512
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LENIS, CLARA I MS
Address: 6894 NW 173RD DRIVE, APT 512
City-St-Zip: HIALEAH, FL 33015

Title: V () Delete
Name: VILLAREAL, ADELIKS MR
Address: 7385 N.W. 78TH STREET
City-St-Zip: MEDLEY, FL 33166

Title: S () Delete
Name: MARIO, FLOREZ MR
Address: 7385 N.W. 78TH STREET
City-St-Zip: MEDLEY, FL 33166

Title: T (X) Delete
Name: FERNANDEZ, MAYDELIN MS
Address: 7385 N.W. 78TH STREET
City-St-Zip: MEDLEY, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FERNANDEZ, MAYDELIN MS
Address: 7385 N.W. 78TH STREET
City-St-Zip: MEDLEY, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CLARA I LENIS

P

01/11/2008

Electronic Signature of Signing Officer or Director

Date