

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085911

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: SM FOOD INTERNATIONAL, INC.

**Current Principal Place of Business:**

300 DIPLOMAT PARKWAY  
APT. # 303  
HAKLLANDALE, FL 33009

**New Principal Place of Business:**

300 DIPLOMAT PARKWAY  
APT. # 303  
HALLANDALE, FL 33009

**Current Mailing Address:**

300 DIPLOMAT PARKWAY  
APT. # 303  
HAKLLANDALE, FL 33009

**New Mailing Address:**

300 DIPLOMAT PARKWAY  
APT. # 303  
HALLANDALE, FL 33009

FEI Number: 20-1202799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATOUR, MOHAMMAD S  
300 DIPLOMAT PARKWAY  
APT. 303  
HALLANDALE, FL 33009 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: NATOUR, MOHAMMAD S  
Address: 300 DIPLOMAT PARKWAY APT. 303  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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.

SIGNATURE: MOHAMMAD NATOUR

P

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date