


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000158296
 1. Entity Name
 HALLANDALE FOOD SYSTEMS, INC.



Principal Place of Business
 113 SW 11TH CT., SUITE C
 FT. LAUDERDALE, FL 33315

Mailing Address
 113 SW 11TH CT., SUITE C
 FT. LAUDERDALE, FL 33315

DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-1888290

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOVING, JACK R
 1323 SE 3RD AVE.
 FT. LAUDERDALE, FL 33316

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ASHLIN, DANIEL B
STREET ADDRESS	113 SW 11TH CT., SUITE C
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	D
NAME	ASHLIN, BRADLEY D
STREET ADDRESS	113 SW 11TH CT., SUITE C
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
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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 05/05/06-80090-014 150.00

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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: _____ DATE: 4/18/06 DAYTIME PHONE #: 954-766-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR