2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State
01-25-2006 90032 021 ***150.00

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1. Entity Name
EASY FOODS INC.

Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD SUITE 1004 CORAL GABLES, FL 33134 US	2600 DOUGLAS ROAD SUITE 1004 CORAL GABLES, FL 33134 US

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01162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
5900 NW 97 Ave		P.O. Box 160487	
Suite, Apt. #, etc. 14		Suite, Apt. #, etc.	
City & State El Doral, FL		City & State Hialeah, FL	
Zip 33178	Country USA	Zip 33016	Country USA.

4. FEI Number 20-3525558 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1-B
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Gonzalo E. Armendariz
Street Address (P.O. Box Number is Not Acceptable) 5900 NW 97 Ave #14
City El Doral FL Zip Code 33178

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 [signature] 1/16/06
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete MURAI WALD BIONDO MORENO TWO ALHAMBRA PLAZA PENT. 1B Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Roberto Isaias 395 Giralda Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ☐ Delete Gonzalo E. Armendariz P.O. Box 160487 Hialeah, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1/16/06 (305)8260943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #