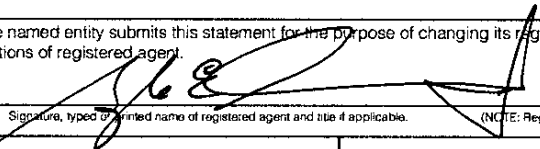
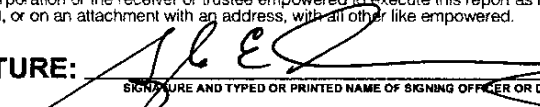


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90032 021 ***150.00

DOCUMENT # P05000118184			
1. Entity Name EASY FOODS INC.			
Principal Place of Business 2600 DOUGLAS ROAD SUITE 1004 CORAL GABLES, FL 33134 US		Mailing Address 2600 DOUGLAS ROAD SUITE 1004 CORAL GABLES, FL 33134 US	
2. Principal Place of Business 5900 NW 97 Ave		3. Mailing Address P.O. Box 160487	
Suite, Apt. #, etc. 14		Suite, Apt. #, etc.	
City & State El Dorado, FL		City & State Hiialeah, FL	
Zip 33178	Country USA	Zip 33016	Country USA.
4. FEI Number 20-352 5558		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 Dorado 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  DATE 1/16/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	MURAI WALD BIONDO MORENO ☒ Delete TWO ALHAMBRA PLAZA PENT. 1B Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberto Isaras ☐ Change ☒ Addition 395 Giralda Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ☐ Delete Gonzalo E. Armendariz P.O. Box 160487 Hiialeah, 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: 		Date 1/16/06 Daytime Phone # (305) 8260943	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	