

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48525

FILED
Apr 29, 2009
Secretary of State

Entity Name: MULTIEXPORT FOODS, INC.

Current Principal Place of Business:

703 WATERFORD WAY
SUITE 510
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

703 WATERFORD WAY
SUITE 510
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0361348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, OSVALDO
2525 PONCE DE LEON BLVD STE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

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: BY A HOWARD AS AUTHORIZED PERSON

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUTIERREZ, JOSE RAMON
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126 US

Title: D () Delete
Name: CLEMENT, ARTURO
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: GRUNWALD, RICARDO
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: SANTELICES, MANUEL
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126 US

Title: VP () Delete
Name: PAINE, JASON
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BY A HOWARD AS AUTHORIZED PERSON

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date