

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90270 043 \*\*\*150.00

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<b>DOCUMENT # P05000056590</b>					
1. Entity Name P & A FOODS, INC.					
Principal Place of Business <del>15385 SW 104 TERRACE</del> <del>APT. 3</del> <del>MIAMI, FL 33196</del>			Mailing Address <del>1703 W 37TH STREET</del> <del>UNIT 8</del> <del>HALEAH, FL 33012</del>		
2. Principal Place of Business <u>15385 S.W. 104 TERR</u>			3. Mailing Address <u>15385 S.W. 104 TERR</u>		
Suite, Apt. #, etc. <u>3</u>			Suite, Apt. #, etc. <u>3</u>		
City & State <u>Miami FL</u>			City & State <u>Miami FL</u>		
Zip <u>33196</u>		Country <u>Miami Dade</u>	Zip <u>33196</u>		Country <u>Miami-Dade</u>
4. FEI Number <u>56-2513113</u>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			Additional Fee Required <b>\$8.75</b>		
6. Name and Address of Current Registered Agent <del>NAHABETIAN, RODRIGO</del> <del>1703 W 37TH STREET</del> <del>UNIT 8</del> <del>HALEAH, FL 33012</del>			7. Name and Address of New Registered Agent Name <u>CARLOS MACEDO</u> Street Address (P.O. Box Number is Not Acceptable) <u>9145 S.W. 56 ST</u> City <u>Miami</u> FL Zip Code <u>33165</u>		
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 <u>CARLOS MACEDO</u> DATE <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> Delete				
NAME	DACHSEL, PABLO				
STREET ADDRESS	15385 SW 104 TERR, APT.3				
CITY-ST-ZIP	MIAMI, FL 33196				
TITLE	V <input type="checkbox"/> Delete				
NAME	LLANOS, ANDREA				
STREET ADDRESS	15385 SW 104 TERR, APT.3				
CITY-ST-ZIP	MIAMI, FL 33196				
TITLE	TS <input type="checkbox"/> Delete				
NAME	ROJAS, ALINA				
STREET ADDRESS	15385 SW 104 TERR, APT.3				
CITY-ST-ZIP	MIAMI, FL 33196				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>ALINA ROJAS</u> <u>04-28-06</u> <u>(305) 3865676</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					