2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P06000122972** 03-08-2007 90010 024 ***158.75 1. Entity Name DIVINE FOODS, INC. Principal Place of Business Mailing Address 5451 SW 78 STREET, #C 5451 SW 78 STREET, #C MIAMI, FL 33143 MIAMI, FL 33143 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02262007 Chg-P Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORTES, CRISTINA 5451 SW 78 STREET. #C Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33143 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES TITLE ☐ Change Addition TITLE ☐ Delete CORTES, CRISTINA NAME NAME 5451 SW 78 STREET, #C STREET ADDRESS STREET ADDRESS CITY-SY-7P MIAMI, FL 33143 CITY-ST-7IP TRES ☐ Delete TITLE ☐ Change ☐ Addition TITLE **BISTRONG, SYLVIA** NAME STREET ADDRESS STREET ADDRESS 5451 SW 78 STREET, #C CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33143 SECT TITLE ☐ Delete TITLE ☐ Change ■ Addition CORTES, CRISTINA NAME NAME STREET ADDRESS 5451 SW 78 STREET, #C STREET ADDRESS MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP TITLE DIR ☐ Delete TITLE ☐ Change ☐ Addition CORTES, CRISTINA NAMÉ NAME STREET ADDRESS 5451 SW 78 STREET, #C STREET ADDRESS CITY+ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP TITLE Delete Channe ☐ Addition THE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P 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.

FILED

Mar 08, 2007 8:00 am