

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000031515

**Entity Name:** FOOD 305 CORP.**Current Principal Place of Business:**1680 MICHIGAN AVE. SUITE 700  
MIAMI BEACH, FL 33139**Current Mailing Address:**1680 MICHIGAN AVE. SUITE 700  
MIAMI BEACH, FL 33139 US**FEI Number:** 46-5362966**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GENTILE, MARIA  
1680 MICHIGAN AVE., SUITE 700  
MIAMI BEACH, FL 33139 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	MASCAGNI, UMBERTO
Address	1900 SUNSET HARBOUR DR., APT. 2212
City-State-Zip:	MIAMI BEACH FL 33139

Title	P
Name	MASCAGNI, UMBERTO
Address	1900 SUNSET HARBOUR DR., APT. 2212
City-State-Zip:	MIAMI BEACH FL 33139

Title	S
Name	VIOLA, RENATO
Address	650 WEST AVE., APT. 806
City-State-Zip:	MIAMI BEACH FL 33139

Title	D
Name	VIOLA, RENATO
Address	650 WEST AVE., APT. 806
City-State-Zip:	MIAMI BEACH FL 33139

Title	VP
Name	VIOLA, RENATO
Address	650 WEST AVE., APT. 806
City-State-Zip:	MIAMI BEACH FL 33139

Title	T
Name	MASCAGNI, UMBERTO
Address	1900 SUNSET HARBOUR DR., APT. 2212
City-State-Zip:	MIAMI BEACH FL 33139

*I hereby 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 all other like empowered.*

**SIGNATURE:** UMBERTO MASCAGNI**DPT****04/16/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date