

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006181

**Entity Name:** NUEVA COCINA FOODS, INC.

**Current Principal Place of Business:**

201 SOUTH BISCAYNE BLVD.  
SUITE 1205  
MIAMI, FL 33131

**Current Mailing Address:**

201 SOUTH BISCAYNE BLVD.  
SUITE 1205  
MIAMI, FL 33131 US

**FEI Number:** 83-0505715

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DE LA GUARDIA, OSCAR  
20 CALABRIA AVE APT302  
CORAL GABLES, FL 33134 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            CEO  
Name            GALINDEZ, DANIEL  
Address        201 SOUTH BISCAYNE BLVD.  
                  SUITE 1205  
City-State-Zip: MIAMI FL 33131

Title            SEC  
Name            DE LA GUARDIA, OSCAR  
Address        20 CALABRIA AVE APT 302  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            LAGOA, JOSE L  
Address        201 SOUTH BISCAYNE BLVD.  
                  SUITE 1205  
City-State-Zip: MIAMI FL 33131

Title            DIRECTOR  
Name            ZAMBRANO, INDIRA  
Address        201 SOUTH BISCAYNE BLVD.  
                  SUITE 1205  
City-State-Zip: MIAMI FL 33131

Title            DIRECTOR  
Name            TRIGO, VINCENTE  
Address        201 SOUTH BISCAYNE BLVD.  
                  SUITE 1205  
City-State-Zip: MIAMI FL 33131

Title            PRESIDENT & CHIEF LIQUIDATION  
                  OFFICER  
Name            VAUPEN, HY  
Address        201 SOUTH BISCAYNE BLVD.  
                  SUITE 1205  
City-State-Zip: MIAMI FL 33131

*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:** OSCAR DE LA GUARDIA

**SECRETARY**

**02/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date