

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000005499

Entity Name: HARVEST SHERWOOD FOOD DISTRIBUTORS, INC.

Current Principal Place of Business:

1022 BAY MARINA DRIVE #106
NATIONAL CITY, CA 91950

Current Mailing Address:

1022 BAY MARINA DRIVE #106
NATIONAL CITY, CA 91950 US

FEI Number: 51-0378995

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 EXECUTIVE VICE PRESIDENT
Name COLE, KATHY
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

Title SECRETARY
Name GANGEL, SARA
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

Title TREASURER AND CHIEF FINANCIAL OFFICER
Name GROVES, CURTIS
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

Title EXECUTIVE VICE PRESIDENT
Name BERGER, KARL
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR
Name BABIKIAN, SHANT
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

Title PRESIDENT / CEO
Name BERGMANN, LEON
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR
Name BERGMANN, LEON
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR
Name FRENCH, SCOT
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

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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: SARA GANGEL

SECRETARY

04/26/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AHMED, OSMAN
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR
Name MORRISON, DALE
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR
Name KASSAR, NAEL
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR
Name MOREY, SANJAY
Address 1022 BAY MARINA DRIVE #106
City-State-Zip: NATIONAL CITY CA 91950