


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

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| DOCUMENT # 426196 1. Entity Name H AND U FOODS, INC. |  |
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| Principal Place of Business 4398 NO STATE RD 7 FT LAUDERDALE, FL 33319 US | Mailing Address 1439 S. POMPANO PKWY. #300 POMPANO BEACH, FL 33069 |
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1489244 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent UPCHURCH, JAMES R., JR. 1439 S. POMPANO PKWY. #300 POMPANO BEACH, FL 33069 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE U000000695001 04/17/07-80041-023 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD UPCHURCH, JAMES R., JR. 1439 S POMPANO PKWY, STE 300 POMPANO BEACH, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRIESEMER, MARY K 1439 SOUTH POMPANO PKWY SUITE 300 POMPANO BEACH, FL | |
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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07
Date

954-972-2004
Daytime Phone #