## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 441039** 

FILED Feb 13, 2009 Secretary of State

Entity Name: RED SMITH FOODS, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
4145 SW 4 DAVIE, FL		IS			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4145 SW 47TH AVE DAVIE, FL 33314 US					
FEI Number:	59-1495752	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SPATZ, CARL 3400 SW 3RD AVE. MIAMI, FL 33145 US			CASACCI, JOSEPH R 14 ROSE DRIVE FT. LAUDERDALE, FL	33316 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: JOSEPH R. CASACCI				02/13/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Carr	npaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FOSTER, DA 2800 W. AVI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FOSTER, ST	EACH DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FOSTER, JO 1405 MIAMI		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FOSTER, TII 316 S.W 12		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	٧	(X) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY FOSTER VTD 02/13/2009

MEADE, HELEN

2901 SO OCEAN BLVD

HIGHLAND BEACH, FL 33487

Name:

Address:

City-St-Zip: