## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam FRITO-LA	ne	#818749						04-30-20	08 901 <i>5</i> 9	9 014 ***	150.00
Principal Place of Business % PEPSICO, INC. 700 ANDERSON HILL RD PURCHASE, NY 10577			Mailing Address  % PEPSICO, INC. 700 ANDERSON HILL RD PURCHASE, NY 10577								
2. Principal Place of Business - No P.O. Box # 1101 LE6ACY DRIVE			3. Mailing Address 7701 LEGACY DRIVE								
Suite Apt. #, etc.			Suite, Apt. #, etc TAX DEPT 3A-300				04162008	Chg-P	CR2E0	34 (12/06)	
PLANO 1 T X			PLANO, TX			4. FEI Numbe 75-0281				plied For t Applicable	
75024	024 Country USA		75024	US I	ry A		5. Certificate of	of Status Desired		\$8.75 Addi Fee Required	
	6. Name	and Address of Current R	7. Name and Address of New Registered Agent Name								
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324							***	· · · · · · · · · · · · · · · · · · ·			
			City				FL	Zip Code	)		
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE											
		FEE IS \$150.00 8 Fee will be \$550.0	9. Election Campa Trust Fund Cor	-	ncing		00 May Be ed to Fees				
10.	T · · · · · · · ·	OFFICERS AND D			1	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 13	
THILE NAME STREET ADDRESS CITY-ST-ZIP	Į.	AL GACY DRIVE FX 750244099	□ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 AND	, THOMAS ERSON HILL ROAD SE, NY 10577	☐ Delete	1						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO RADER, I 7701 LEG		□ Oelete	TITLE NAM STRE	E					☐ Change	Addition
THILE NAME STREET ADDRESS CITY-SI-ZIP		ARK BACY DRIVE TX 750244099	☐ Detete					**************************************		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	EET ADDRESS -ST-ZIP	7701 Plan	B WIMBE LEGACY OX	eive 24		Change	☐ Addition
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 the opposition of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of th											

SIGNATURE:

VICTOR DE HOYOS
ASSISTANT TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.28.08

972-334-7000

Date

Davime Phone #