

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90080 032 \*\*\*150.00

**DOCUMENT # 853609**

1. Entity Name  
**AMERICAN FROZEN FOODS, INC.**



Principal Place of Business

**155 HILL ST  
MILFORD, CT 06460**

Mailing Address

**155 HILL ST  
MILFORD, CT 06460**

**40105293**



**DO NOT WRITE IN THIS SPACE**

03152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**06-0764758**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CHERRY, KENNETH A
STREET ADDRESS	62 BIG BEAR HILL ROAD
CITY-ST-ZIP	NEW MILFORD, CT 06476
TITLE	D
NAME	COREY, WILLIAM JR.
STREET ADDRESS	8 HORSESTABLE CR
CITY-ST-ZIP	HUNTINGTON, CT 06484
TITLE	DV
NAME	DICAPRIO, PALMA
STREET ADDRESS	37 SHERMAN LANE #5C
CITY-ST-ZIP	HAMDEN, CT 06514
TITLE	PD
NAME	RAPPOPORT, WILLIAM
STREET ADDRESS	413 SKY TOP DR
CITY-ST-ZIP	FAIRFIELD, CT 06825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

*William J. Corey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 3, 2007*

*203-882-6205*

DATE

CALLER PHONE #