

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F00000006964

1. Entity Name
TRUE WORLD FOODS, INC.



Principal Place of Business
**32 - 34 PAPETTI PLAZA
ELIZABETH, NJ 07206**

Mailing Address
**24 LINK DRIVE
ROCKLEIGH, NJ 07647**



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2974013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD YASHIRO, TAKESHI 24 LINK DR. ROCKLEIGH, NJ 07647
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SATO, SHIGEKI 32-34 PAPETTI PLAZA ELIZABETH, NJ 07206
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAKAGI, AKIRA 11205 NW 36TH AVE. MIAMI, FL 33167
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT INO, TOMOYUKI 32-34 PAPETTI PLAZA ELIZABETH, NJ 07206
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YASHIRO, JENNIFER 24 LINK DR. ROCKLEIGH, NJ 07647
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTOO, FURUTA 24 LINK DR. ROCKLEIGH, NJ 07647
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04/17/07-80066-011 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/07 305 761 1407