- 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # F04422 03-03-2006 90120 026 ***150.00 1. Entity Name JOHNVINCE FOODS, INC. Principal Place of Business Mailing Address 8211 WEST BROWARD BLVD PO BOX 26060 TAMARAC FL 33320 2. Principal Place of Business 5531 North University DR Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For FL 16-1169823 Springs Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33067 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TORCHIN, DAVID, CPA 821 WEST BROWARD BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 200 PLANTATION FL 33324 City 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, typed or prinjed name of registered agent and title if applicable (NOTE: Registered Agent signature required when invisioning) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 nne Defete TITLE NAME PULLA, VINCENZO MASSE STREET ADDRESS 555 STEEPROCK DR STREET ADDRESS CITY-ST-ZIP DOWNSVIEW, ONTARIO CA m3-i2z6 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition PULLA, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 555 STEEPROCK DR CITY-ST-7P CITY - ST- 7IP DOWNSVIEW, ONTARIO CA m3-j2z6 ☐ Ctrance ☐ Addition -nice-PER NAM NAME .. . TABONE, RITA STREET ADDRESS - STREET ADDRESS 555 STEEPROCK: OR-CHY-SI-ZIP CITY-ST-ZIP DOWNSVIEW, ONTARIO CA m3-j2z6 DILE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP MILE ☐ Delete 7177 5 ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP City-St-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 SIGNATURE:

FILED

Mar 24, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2006

JOHNVINCE FOODS, INC. PO BOX 26060 TAMARAC, FL 33320

Subject: JOHNVINCE FOODS, INC.

Reference Number:

F04422

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION