

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # F04422

1. Entity Name

JOHNVINCE FOODS, INC.



Principal Place of Business

5531 N UNIVERSITY DR
SUITE 103
CORAL SPRINGS FL 33067

Mailing Address

PO BOX 26060
TAMARAC FL 33320



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-1169823**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORCHIN, DAVID CPA
821 WEST BROWARD BLVD
SUITE 200
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
PULLA, VINCENTO
555 STEEPROCK DR
DOWNSVIEW, ONTARIO CA m3-j2z6 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
PULLA, JOSEPH
555 STEEPROCK DR
DOWNSVIEW, ONTARIO CA m3-j2z6 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000000682307 ☐ Change ☐ Addition
04/04/07-80080-025 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
TABONE, RITA
555 STEEPROCK DR
DOWNSVIEW, ONTARIO CA m3-j2z6 ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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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 empowered.

SIGNATURE:

SIGNATURE (NOTED) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR