

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000001911

1. Entity Name
AMIGOFOODS CORP.



Principal Place of Business
125 WALNUT LANE
MANHASSET, NY 11030

Mailing Address
125 WALNUT LANE
MANHASSET, NY 11030



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1714019	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GARCIA, JESUS
890 ALFONSO AVE
MIAMI, FL 33146

**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

3/19/07

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	CP GARCIA, JORGE 125 WALNUT LANE MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, JENNIFER 125 WALNUT LANE MANHASSET, NY 11030
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03/30/07-80015-014 150.00

**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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Garcia

Date

Daytime Phone #

3/12/07 X 1-800-627-2544