

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 18, 2007  
Secretary of State**

DOCUMENT# F83457

Entity Name: FAMILY FOOD DISTRIBUTORS, CORPORATION

**Current Principal Place of Business:**

1335 WEST WASHINGTON ST  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

1350 W GORE ST  
ORLANDO, FL 32805 US

**Current Mailing Address:**

1335 WEST WASHINGTON ST  
ORLANDO, FL 32805 US

**New Mailing Address:**

1350 W GORE ST  
ORLANDO, FL 32805 US

FEI Number: 59-2196348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESTEVEZ, JOSE  
1335 W. WASHINGTON ST  
ORLANDO, FL 32805 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: ESTEVEZ, JOSE L  
Address: 77 CALLIOPE STREET  
City-St-Zip: OCOEE, FL 34761 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: ESTEVEZ, JOSE  
Address: 2513 CLARINET DR  
City-St-Zip: ORLANDO, FL 32837 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ESTEVEZ

PSD

09/18/2007

Electronic Signature of Signing Officer or Director

Date