


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000003674</b> 1. Entity Name PTX FOOD CORP.	
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Principal Place of Business 2127 CROMPOND RD STE 205 CORTLANDT MANOR, NY 10567	Mailing Address 2127 CROMPOND RD STE 205 CORTLANDT MANOR, NY 10567
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06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-2706723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SILVERMAN, MARVIN 100 LAKE SHORE DR., #1654 N. PALM BEACH, FL 33408
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

UN0000373098  
07/10/05 00002 007 500.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SILVERMAN, MARVIN 100 LAKE SHORE DR. #1654 N. PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVERMAN, PHYLLIS 100 LAKE SHORE DR. #1654 N. PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUTEAU, AMY 1604 EAGLE BAY DR OSSINING, NY 10562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEN-ONI, ZEEV 8669 DON CAROL EL CERRITO, CA 94530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

7/14/05