2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000003674

1. Entity Name
PTX FOOD CORP.

Principal Place of Business	Mailing Address
2127 CROMPOND RD STE 205 CORTLANDT MANOR, NY 10567	2127 CROMPOND RD STE 205 CORTLANDT MANOR, NY 10567

01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2706723
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000403425
02/08/06-80095-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SILVERMAN, MARVIN
STREET ADDRESS	100 LAKE SHORE DR. #1654
CITY-ST-ZIP	N. PALM BEACH, FL 33408
TITLE	S
NAME	SILVERMAN, PHYLLIS
STREET ADDRESS	100 LAKE SHORE DR. #1654
CITY-ST-ZIP	N. PALM BEACH, FL 33408
TITLE	V
NAME	BUTEAU, AMY
STREET ADDRESS	1604 EAGLE BAY DR
CITY-ST-ZIP	OSSINING, NY 10562
TITLE	P
NAME	BEN-ONI, ZEEV
STREET ADDRESS	8669 DON CAROL
CITY-ST-ZIP	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 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: _____ 1/28/06 914-737-3525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #