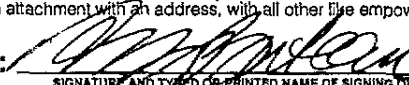


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F94000003674 1. Entity Name PTX FOOD CORP.		
Principal Place of Business 2127 CROMPOND RD STE 205 CORTLANDT MANOR, NY 10567	Mailing Address 2127 CROMPOND RD STE 205 CORTLANDT MANOR, NY 10567	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SILVERMAN, MARVIN 100 LAKE SHORE DR., #1654 N. PALM BEACH, FL 33408		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 file 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
10. OFFICERS AND DIRECTORS		DATE 02/08/06-80095-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SILVERMAN, MARVIN 100 LAKE SHORE DR. #1654 N. PALM BEACH, FL 33408	DO NOT WRITE IN THIS SPACE
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		
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 file empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/28/06 914-732-3525 Date Daytime Phone #