

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 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



01262007 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

**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

**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 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

1100000653292
03/13/07-80015-020 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/07