

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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**



02062008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000012757
05/07/08-80093-013 150.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/08