2006 FOR PROFIT CORPORATION ANNUAL REPORT (AP)

Secretary of State DOCUMENT # F94309 03-03-2006 90126 037 ***150.00 1. Entity Name JOHNVINCE FOODS (FLORIDA), INC. Principal Place of Business Mailing Address 8211 WEST BROWARD BLVD. PO BOX 26060 TAMARAC FL 33320 SUITE 200 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address 5531 North University Dr Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 103 4. FEI Number City & State City & State Applied For 59-2654969 Coral Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33067 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORCHIN, DAVID CPA Street Address (P.O. Box Number is Not Acceptable) 8211-W. BROWARD BLVD. -SUITE 200 **PLANTATION FL 33324** Zip Code 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, typed or printed name of registered agent and tido if applicable (NOTE: Registered Agent (signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IME ☐ Delete TITLE ☐ Change Addition NALE PULLA, VINCENZO NAME 555 STEEPROCK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZP DOWNSVIEW, ONTARIO, CANADA m3j- 2z6 CITY-ST-70P VPSD MILE ☐ Delete TITLE ☐ Change ■ Addition PULLA, JOSEPH NAME NAME STREET ADDRESS 555 STEEPROCK DR. STREET ADDRESS DOWNSVIEW, ONTARIO CANADA m3k- 2z6 CITY-ST-ZIP CITY-ST-ZIF ::::: Charige ☐ Addition NAME TABONE, RITA BEALES STREET ADDRESS STREET ADDRESS 555 STEEPROCK DRIVE CITY-ST-70P CITY-ST-ZIP DOWNSVIEW, ONTARIO, CANADA m3j- 2z6 TITLE TIDE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change TITLE Defere nne □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early, 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 chapter do no a state-burst with a professer, with a progression like empowered. if changed, or on an attachment SIGNATURE:

FILED

Mar 24, 2006 8:00 am



March 7, 2006

JOHNVINCE FOODS (FLORIDA), INC. PO BOX 26060 TAMARAC, FL 33320

Subject: JOHNVINCE FOODS (FLORIDA), INC.

Reference Number:

F94309

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314