

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000002152

1. Entity Name
AMERICAN FOODSERVICE DISTRIBUTORS COMPANY



Principal Place of Business
**600 CITADEL DRIVE
COMMERCE, CA 90040 US**

Mailing Address
**PO BOX 512377
LOS ANGELES, CA 90051-0377 US**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4297895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPCE SNOLLAERTS, ETIENNE 600 CITADEL DRIVE COMMERCE, CA 90040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS ALVARADO, DONALD G 600 CITADEL DRIVE COMMERCE, CA 90040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVF PHEGLEY, RICHARD 600 CITADEL DRIVE COMMERCE, CA 90040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELOLMO, ANDRE 600 CITADEL DRIVE COMMERCE, CA 90040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPC LINK, RICHARD 600 CITADEL DRIVE COMMERCE, CA 90040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT BERGER, JAN 600 CITADEL DRIVE COMMERCE, CA 90040

**DO NOT WRITE
IN THIS SPACE**

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03/13/06 80003-025 150.00

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 #

2-17-06 323-869-7699