

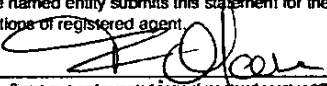
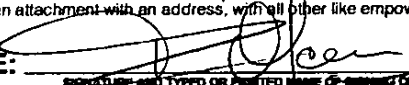


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90402 010 \*\*\*150.00

<b>DOCUMENT # H05214</b> 1. Entity Name <b>AMERICAN FOOD TRADERS, INC.</b>					
Principal Place of Business <b>10661 N KENDALL DRIVE STE 206A MIAMI, FL 33176 US</b>			Mailing Address <b>10661 N KENDALL DRIVE STE 206A MIAMI, FL 33176 US</b>		
2. Principal Place of Business <b>9760 SW 122 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>9760 SW 122 ST</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>59-2453728</b>	
Zip <b>33176</b>		Country <b>MIAMI - DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OLCESE, FEDERICO E 10525 SW 112 AVE APT 313 MIAMI, FL 33176</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>FEDERICO E. OLCESE</b> <b>PRESIDENT</b> <b>4/11/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD OLCESE, ALEJANDRO 7837 NW 50TH STREET GAINESVILLE, FL 32653</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S OLCESE, RAQUEL 9760 SW 122ND ST MIAMI, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD FEDERICO E OLCESE 10525 SW 112 AVE #313 MIAMI, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.			<b>SIGNATURE:</b>  <b>FEDERICO E. OLCESE</b> <b>PRESIDENT</b> <b>4/11/06</b> <b>305-586-3494</b> <small>Signature and typed or printed name of signing officer or director</small>		