## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2007 08:00 A Secretary of State

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1. Entity Nam	MENT # J63965 FOOD ENTERPRISES, INC.				~	
Principal Plac	e of Business	Mailing Address				
8005 N.W. 9 MEDLEY, FL		8005 N.W. 90TH ST. MEDLEY, FL 33166		 		(4)) 8)8)) 828)) 818)) 818) 818)
					lo Chg-P	CR2E034 (11/05)
ľ	O NOT WRITE	IN THIS SPAC	F		to Chg-F	Applied For
			<b>-</b>	4. FEI Number 59-279717	6	Not Applicable
				5. Certificate of St	atus Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			*	
ED WIEDS 325 N. KR HOMESTS			· · · · · · · · · · · · · · · · · · ·	DO N IN TH	OT WI	RITE ACE
			,			
	named entity submits this statement for t	ne purpose of changing its registered	office or register	red agent, or both, in	the State of Flor	da. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registered A	gent signature required	t when reinstating)		DATE
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		19 <b>\$5</b> . □ Add	.00 May Be ed to Fees		
10.	OFFICERS AND D	RECTORS	2 2 2	45 1 1 5 3		
NAME STREET ADDRESS CITY-ST-ZIP	NG, ALLAN 2614 PONCE DE LEON BV CORAL GABLES, FL			, a		
TITLE NAME STREET ADDRESS						00677520 17–80109–008 150.
CITY-ST-ZIP			•	er e		
TITLE NAME		,				
STREET ADDRESS CITY-ST-ZIP		4		DO N	OT W	RITE
TITLE					IIS SP	
NAME STREET ADDRESS		l				
CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						
CITY-ST-ZIP			: .			
NAME STREET ADDRESS						

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 frustee 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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