## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90416 029 \*\*\*150.00

| DOCUMENT # L90138  1. Entity Name APOLLO BEACH FOODS, INC. |  |   |  |   |  |   |  | 04-03-2006   | 90416 0                                     | 29 ***15  | 0.00                                       |
|--|--|---|--|---|--|---|--|--|---|---|--|
| 6036 HWT 41 NORTH<br>APOLLO BEACH, FL 33570                |  |   |  | Mailing Address % MANAGING FOOD, LLC 1326 E. LUMSDEN RD. BRANDON, FL 33511        |  |   | 1 1000000000000000000000000000000000000                        | 1821) BRITI NYTH 11182 2011  |   | 00885   |  |
| 2. Principal Place of Business 3.                          |  |   |  | 3. Mailing Address  |  |   |  |  |   |   |  |
| Suite, Apt. #, etc.  |  |   |  | Suite, Apt. #, etc.   |  |   | 01102006   | Chg-P  | CR2E0                                       | 34 (11/05)  |  |
| City & State   |  |   | City   | & State   |  |   | 4. FEI Numbe<br>59-302   |  |   | No  | plied For<br>t Applicable                  |
| Zip  | Country  |   | Zip  | Zip   |  | try   | 5. Certificate of Status Desired                               |  |   | Fee Required                                      |  |
|  | 6. Name  | and Address of Current  |  | 7. Name and Address of New Registered Agent Name                                  |  |   |  |  |   |   |  |
| KAZBOUR, TALAL<br>1326 E. LUMSDEN RD.                      |  |   |  |   |  | Street Address (P.O. Box Number is Not Acceptable)              |  |  |   |   |  |
| BRANDON, FL 33511  |  |   |  |   |  |   |  |  |   |   | •  |
|  |  |   |  |   |  | City  |  |  | FL  | Zip Code  | ₽  |
|  | named entit<br>ions of regist  | y submits this statement f<br>tered agent.  | or the purp  | ose of changing its   | register                                 | ed office or registe  | ered agent, or bot   | h, in the State of Flo   | orida. Lam                                  | familiar with,                                    | and accept                                 |
|  | Signature, typed   | or printed name of registered agen  | t and title if app   | icable. (NOT  | E: Registere                             | d Agent signature require                                       | ed when reinstating)   |  | DATE  |   |  |
|  |  | FEE IS \$150.00<br>6 Fee will be \$550.   |  | 9. Election Campa<br>Trust Fund Conl  | _  |   | 5.00 May Be<br>ded to Fees                                     |  |   |   |  |
| 10.  | OFFICERS AND DI  |   |  |   | 11.                                      |   | ADDITIONS/   | CHANGES TO OFF   | ICERS AND                                   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      | 1  | R, TALAL<br>JMSDEN ROAD<br>N, FL 33511  |  | ☐ Delete  |  |   |  |  |   | Change  | ☐ Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      | VD<br>KAZBOUR, TAREK<br>1326 E LUMSDEN ROAD<br>BRANDON, FL 33511     |   |  |   |  |   |  |  |   | ☐ Change  | Addition                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      | TD<br>KAZBOUI<br>1326 E LI   | ·   |  | ☐ Delete  |  | l l   |  |  |   | ☐ Change  | ☐ Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      | 1326 E L   | R, HABIB<br>UMSDEN ROAD<br>N, FL 33511  |  | ☐ Delete  |  |   |  |  |   | ☐ Change  | ☐ Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      |  |   |  | ☐ Delete  |  | I   |  |  |   | ☐ Change  | ☐ Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      |  |   |  | ☐ Delete  | CITY                                     | ME<br>EET ADORESS<br>(-SI-ZIP                                   |  |  | ,   | ☐ Change  | ☐ Addition                                 |
| 12. I hereby of indicated of the corchanged                | certify that th<br>on this report<br>poration or t<br>, or on an att | ne information supplied wi<br>ort or supplemental eport<br>the receiver or trustee em<br>lachment with an address | th this filing<br>is true and<br>powered to<br>, with all ot | does not qualify for<br>accurate and that<br>execute this reporter like empowered | or the ex<br>my signa<br>t as requ<br>t. | emptions containe<br>ature shall have the<br>ired by Chapter 60 | ed in Chapter 119<br>e same legal effec<br>07, Florida Statute | ), Florida Statutes. I<br>it as if made under<br>es; and that my nam | I further cer<br>oath; that I<br>ne appears | tily that the i<br>am an officer<br>in Block 10 o | nformation<br>or director<br>r Block 11 if |

317-06

THEST