## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M66632

1. Entity Name
NINETY TWO FOODS INC

DO NOT WRITE IN THIS SPACE



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

2430 HWY. 92 EAST LAKELAND, FL 33801

Mailing Address

% MANAGING FOOD, LLC 1326 E. LUMSDEN RD. BRANDON, FL 33511



04042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2869901

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURRY AND ASSOCIATES 750 WEST LUMSDEN BRANDON, FL 33511

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	ffice or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE				Agent signature required when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000905141
10.	OFFICERS AND DIREC	TORS			05/01/08-80041-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAZBOUR, TAREK 1326 E. LUMSDEN RD BRANDON, FL 33511				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAZBOUR, TALAL 1326 E. LUMSDEN RD BRANDON, FL 33511				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					. •
TITLE					

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:** 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/09

83684062

Daytime Phone #