## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 A Secretary of State

ANNUAL REPORT							
Mailing Address							
% MANAGING FOOD, LLC 1326 E. LUMSDEN RD. BRANDON, FL 33511 US							
	Mailing Address % MANAGING FOOD, LLC 1326 E. LUMSDEN RD.						

## No Chg-P 03122007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2869894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAZBOUR, TALAL DO NOT WRITE 1326 E LUMSDEN RD BRANDON, FL 33511 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 little if applicable. DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE KAZBOUR, TALAL NAME STREET ADDRESS 1326 É LUMSDEN ROAD CITY-ST-ZIP BRANDON, FL 33511 U00000694752 04/17/07-80033-019 150.00 TITLE KAZBOUR, HABIB NAME STREET ADDRESS 1326 E LUMSDEN ROAD CITY-S1-ZIP BRANDON, FL 33511 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filling 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 trusted 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.

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SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Talal Karabour 414/07

(813)6840621

Daylime Phone