


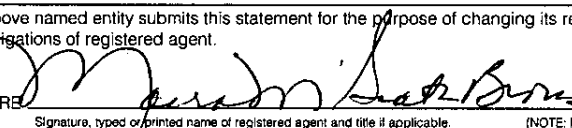
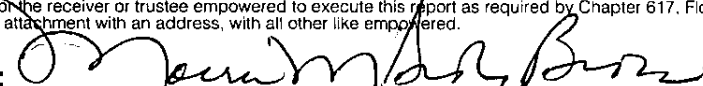


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000005922</b> 1. Entity Name SOUTH FLORIDA REGIONAL SECTION, INSTITUTE OF FOOD TECHNOLOGISTS, INC.						<b>FILED</b> 04 JUL 07 AM 9:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business OPUS INTERNATIONAL, INC. 1191 E NEWPORT CENTER DR, PH-E DEERFIELD BEACH, FL 33442				Mailing Address OPUS INTERNATIONAL, INC. 1191 E NEWPORT CENTER DR, PH-E DEERFIELD BEACH, FL 33442							
2. Principal Place of Business		3. Mailing Address		 04/15/04 90015 048 \$61.25 07012004 Chg-NP CR2E037 (10/03)							
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip	Country	Zip	Country								
4. FEI Number 30-0009500				Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MCGRATH, MOIRA %OPUS INTERNATIONAL, INC. 1191 E NEWPORT CENTER DR, PH-E DEERFIELD BEACH, FL 33442							
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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>Moira McGrath Brous</b> <b>Director</b> <b>7/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 8, 2004								9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS								11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MC GRATH BROUS, MOIRA 1191 E NEWPORT CENTER DR # PH E DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete								TITLE NAME STREET ADDRESS CITY-ST-ZIP MC GRATH BROUS, MOIRA name spelling error only <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GERIKE, AL 450 SW 12TH AVE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LATUSZYNSKI, SUSAN 1191 E NEWPORT CENTER DR # PH E DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  <b>Moira McGrath Brous</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>7/1/04</b> Daytime Phone #: <b>954 428-3888</b>							