

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003295

1. Entity Name
FEED MY PEOPLE, INC.



Principal Place of Business
**18350 NW 2ND AVE STE #401
MIAMI, FL 33169**

Mailing Address
**18350 NW 2ND AVE STE #401
MIAMI, FL 33169**



04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1643072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**OVIASOGIE, PHILIP
18350 NW 2ND AVE STE #401
MIAMI, FL 33169**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **OVIASOGIE, PHILIP**
STREET ADDRESS **18350 NW 2ND AVE STE #401**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **D**
NAME **OVIASOGIE, PURIFICACION**
STREET ADDRESS **18350 NW 2ND AVE STE #401**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **D**
NAME **OVIASOGIE, GERALD**
STREET ADDRESS **18350 NW 2ND AVE STE #401**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **D**
NAME **MATTA, EDIA**
STREET ADDRESS **18350 NW 2ND AVE STE #401**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **D**
NAME **ANCILIEN, PASTOR TONY**
STREET ADDRESS **18350 NW 2ND AVE STE #401**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000514595
04/29/06-80178-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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: Philip Oviasogie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 305 785-5727
Date Daytime Phone