

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004979

Entity Name: FAIR FOOD AMERICA, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1310 REFLECTIONS WAY
IMMOKALEE, FL 34142

New Principal Place of Business:

213 S. WHEATON AVENUE
WHEATON, IL 60187

Current Mailing Address:

1310 REFLECTIONS WAY
IMMOKALEE, FL 34142

New Mailing Address:

213 S. WHEATON AVENUE
WHEATON, IL 60187

FEI Number: 04-3635046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOGAJ, RICHARD J
1310 REFLECTIONS WAY
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOGAJ, RICHARD J
Address: 1310 REFLECTIONS WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: VSTD () Delete
Name: NOGAJ, FLORENCE A
Address: 1310 REFLECTIONS WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: MALONI, DAVID
Address: 736 FORESTVIEW DR.
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOGAJ, RICHARD J
Address: 213 S. WHEATON AVENUE
City-St-Zip: WHEATON, IL 60187

Title: VSTD (X) Change () Addition
Name: NOGAJ, FLORENCE A
Address: 213 S. WHEATON AVENUE
City-St-Zip: WHEATON, IL 60187

Title: D (X) Change () Addition
Name: PEREZ, STEPHEN
Address: 1305 REFLECTIONS WAY, #5
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE A. NOGAJ

TR

04/29/2008

Electronic Signature of Signing Officer or Director

Date