

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000395

FILED  
Aug 19, 2009  
Secretary of State

Entity Name: FLAVOR FEST, INC.

## Current Principal Place of Business:

8870 N. HIMES AVENUE  
SUITE 614  
TAMPA, FL 33614

## New Principal Place of Business:

7809 N ORLEANS AVE  
TAMPA, FL 33604

## Current Mailing Address:

8870 N. HIMES AVENUE  
SUITE 614  
TAMPA, FL 33614

## New Mailing Address:

FEI Number: 37-1559610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

LORENZO, LILLANA  
8870 N. HIMES AVENUE  
SUITE 614  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

LORENZO, LILLANA  
7908 DOWN ROYAL RD  
TAMPA, FL 33610 US

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: \_\_\_\_\_

08/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LORENZO, LILLANA  
Address: 7908 DOWN ROYAL ROAD  
City-St-Zip: TAMPA, FL 33610

Title: P ( ) Delete  
Name: BAYONET, EDWARD  
Address: 7809 NORTH ORLEANS AVE.  
City-St-Zip: TAMPA, FL 33604

Title: ST ( ) Delete  
Name: KYLLONEN, LUCY  
Address: 4623 DUNNIE DRIVE  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LILIANA LORENZO

RA

08/19/2009

Electronic Signature of Signing Officer or Director

Date