


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90188 025 ***150.00

DOCUMENT # P00000005867 1. Entity Name FUNCTIONAL FOODS INC.					
Principal Place of Business 10540 N.W. 26TH E-107 G-107 MIAMI, FL 33172			Mailing Address 10540 N.W. 26TH E-107 G-107 MIAMI, FL 33172		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0973498	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
8. Name and Address of Current Registered Agent BILDA, JORGE 10540 N.W. 26TH E-107 G-107 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
BILDA, JORGE 10540 N.W. 26TH E-107 G-107 MIAMI, FL 33172			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD CRAVEIRO, AFRANIO A 10540 N.W. 26TH ST E-107 G-107 MIAMI, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BILDA, JORGE 10540 N.W. 26TH ST E-107 G-107 MIAMI, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
(Empty)					
(Empty)					
(Empty)					
(Empty)					
(Empty)					
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 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.					
SIGNATURE: <u>Jorge Bilda</u> <u>04/28/05</u> <u>305 406 6500</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.					