

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000005867 1. Entity Name FUNCTIONAL FOODS INC.					
Principal Place of Business 10540 N.W. 26TH G-107 MIAMI, FL 33172			Mailing Address 10540 N.W. 26TH G-107 MIAMI, FL 33172		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
04052008 Chg-P CR2E034 (11/05)				4. FEI Number 65-0973498	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BILDA, JORGE 10540 N.W. 26TH G-107 MIAMI, FL 33172			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD CRAVEIRO, AFRANIO A 10540 N.W. 26TH, G-107 MIAMI, FL 33172		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BILDA, JORGE 10540 N.W. 26TH, G-107 MIAMI, FL 33172		☐ Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
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 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.			U000000517027 05/01/06-80028-003 150.00		
SIGNATURE: _____ <i>Jorge Bilda</i>			Date: <i>04/15/06</i> Daytime Phone #: <i>3054068500</i>		