2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 08, 2001 08:00 AM DOCUMENT # P0000012930 1. Entity Name **Secretary of State** BODAJO FINE FOODS INC. Principal Place of Business Mailing Address 4810 DARBY AVE 4810 DARBY AVE TAMPA FL TAMPA FL 33603 33603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY TAMARGO JORGE AVP/S 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 4810 DARBY AVE TALLAHASSEE FL323012525 US City Zip Code TAMPA 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. JORGE A. TAMARGO SR. 02/08/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete TITLE ☐ Addition TAMARGO JORGE. MAME ASR NAME 4810 DARBY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33603 CITY-ST-ZIP ☐ Delete D TITLE X Change NAME DEL RIO DAVID NAME TAMARGO JORGE ASR STREET ADDRESS 2006 W KENNEDY BLVD STREET ADDRESS 4810 DARBY AVE CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP TAMPA FL33603 ☐ Delete TITLE P/T X Change ☐ Addition RAGON ROBERT NAME ROBERT RANON STREET ADDRESS 2006 W KENNEDY BLVD STREET ADDRESS 2006 W KENNEDY BLVD CITY-ST-ZIP TAMPA 33602 CITY-ST-ZIP TAMPA 33603 FL. TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: ROBERT D. RANON
P/T 02/08/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR