2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2008 08:00 AN Secretary of State **DOCUMENT # P00000039393** 1. Entity Name DAFA FOODS, INC. Principal Place of Business Mailing Address 8850 S ORANGE BLOSSOM TRL 8850 S ORANGE BLOSSOM TRL ORLANDO, FL 32809 ORLANDO, FL 32809 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1055702 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **FERDINAND & SULLIVAN PA** DO NOT WRITE 100 W CYPRESS CREEK ROAD **SUITE 910** IN THIS SPACE FT LAUDERDALE, FL 33309 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 algorature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME **FANDINO, DIEGO** 8850 S ORANGE BLOSSOM TRL STREET ADDRESS 1000000803370 CITY-ST-ZIP ORLANDO, FL 32809 02/05/08-80021-021 158.75 TITLE VSTD NAME FANDINO, HECTOR H STREET ADDRESS 8850 S ORANGE BLOSSOM TRL CITY-ST-ZIP ORLANDO, FL 32809 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 of 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:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIEGO FANDINO- DILECTOR

407-251-1111

Daytime Phone #