

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059455

FILED
May 09, 2006
Secretary of State

Entity Name: UNIVERSAL SPECIALTY FOODS INC.

Current Principal Place of Business:

753 PEPPERVINE AVE,
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

753 PEPPERVINE AVE.
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3655171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLONIG, JOHN B
393 W LAKEVIEW AVE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, RANDY S
Address: 753 PEPPERVINE AVE.
City-St-Zip: JACKSONVILLE, FL 32259

Title: DST () Delete
Name: MILLONIG, JOHN
Address: 393 LAKEVIEW
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MILLONIG

ST

05/09/2006

Electronic Signature of Signing Officer or Director

Date