2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000061874

1. Entity Name LAL FOOD, INC.



FILED
Jan 26, 2005 08:00 AM
Secretary of State

Principal Place of Business

6700 N. O-B-T ORLANDO, FL 32810 Mailing Address 6700 N. O-B-T ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)

4.	FEI Number	Applied For
	59-3655458	Not Applicable
5.	Certificate of Status Desired	75 Additional

6. Name and Address of Current Registered Agent

PATEL, TARAMATI P 6700 N. O-B-T ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

CREATED, LE DEDITO				IN THIS SPACE			
The above named entity submits the the obligations of registered agent.	is statement for the pu	urpose of changing its register	red office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name	of registered agent and little it	applicable (NOTE Register	ed Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$ After May 1, 2005 Fee wil		Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
	FICERS AND DIREC	TORS	4				
TITLE PSTD NAME PATEL, TARAMATI STREET ADDRESS 6700 N. O-B-T GITY-ST-ZIP ORLANDO, FL 328					U00000197796 01/27/05-80027-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-2IP							
TITLE NAME STREET ADDRESS GITY-SY-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SY-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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: _

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.24.05

407.292.5453

Daytime Phone #