2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073063

Entity Name: CHRISTINI'S FOOD CORP.

CHRISTAKOS, HELEN

ORLANDO, FL 32836

9267 POINT CYPRESS DR

Name:

Address:

City-St-Zip:

FILED Apr 18, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
	PHILLIPS BLV D, FL 32819	D			
Current Mailing Address:			New Mailing Address:		
	PHILLIPS BLV D, FL 32819	D			
FEI Number	: 59-3673651	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ORLANDO	WOOD WAY D, FL 32819	US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	I office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CHRISTAKOS	YPRESS DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (CHRISTAKOS 9267 POINT C ORLANDO, FL	YPRESS DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ZAVERDAS, È	YPRESS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HELEN CHRISTAKOS S 04/18/2009