FILED Jan 14, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

P00000077281

DOCUMENT # 1. Entity Name

AWAY	JF LIFE F	-OODS, INC.					01-14-2002 90005 ()10 ***15	80.00	
1 '	ING GLORY LA		Mailing Address 2825 MORNING GLORY LANE DAVIE FL 33328				Z IRRINGAT NIZ KRIM RZYM ARMI GRYM ARMI GRYM	. 1 88 11 (8818 (18	184 (418) (18) (84)	
2. Principal I	Place of Busin	ness	3. Mailing Address		***					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4 . F	65-1074464		Applied For Not Applicable	
Zip •	Country 6. Name and Address of Current Re		Zip				Certificate of Status Desired \$8.75 Additional Fee Required			
	O. Haline	and Address of Current	Hegistered Agent		Name	7. N	lame and Address of New Registered	Agent		
BIRNS, B	RANI FY				Name					
2825 MORNING GLORY LANE DAVIE FL 33328				Street		ss (P.O. B	ox Number is Not Acceptable)			
DAVIE FL	. 33328				City		FI	Zip Co	ode	
8. The above	e named entity	v submits this statement for	or the purpose of changing i	te rogintor	ad office or regio		ent, or both, in the State of Florida.	_		
Wi III www	o name ona,	y addring the statement is	or the purpose of changing i	is registere	ea omce or regis	stereu age	ent, or doth, in the State of Fiorida.			
SIGNATURE		or printed name of registered agent	and title if applicable. (NC	OTE: Registered	d Agent signature requ	uired when rei	instating) DATE			
9This-corpo	oration-is-eligi	ible to satisty its Intangible	PILE NOW	VIII FEE	IS \$150.00					
Tax filing		ible to satisty its Intangible and elects to do so.	l l	002 Fee	IS \$150.00 will be \$550.00 epartment of S		Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
Tax filing (See crite	requirement a ria on back)	and elects to do so.	After May 1, 2 Make Check Paya	002 Fee	will be \$550.00	State		ل Add∈	ed to Fees	
Tax filing (See crite	requirement a	and elects to do so. OFFICERS AND	After May 1, 2 Make Check Paya	002 Fee sable to De	will be \$550.00 epartment of S	State	Trust Fund Contribution.	ل Add∈	RS IN 11	
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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:

BIRNY DOS.