

DOCUMENT # P00000081662

1. Entity Name
NEW AGE FOOD, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90050 012 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
177 OCEAN LANE DR. #307 EAST 177 OCEAN LANE DR. #307 EAST
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149

2. Principal Place of Business 3. Mailing Address
1701 SW 2nd AVENUE 1701 SW 2nd AVENUE
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE #3 SUITE #3

City & State City & State
MIAMI MIAMI
Zip Country Zip Country
33129 USA 33129 USA

4. FEI Number Applied For
65-1036857 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSENOW, MANFRED
601 S.W. 57TH AVENUE
SUITE B
MIAMI FL 33144

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD THOMAS, GUILLERMO <input type="checkbox"/> Delete 177 OCEAN LANE DR. #307 EAST KEY BISCAYNE FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, GUILLERMO <input type="checkbox"/> Delete 177 OCEAN LANE DR. #307 EAST KEY BISCAYNE FL 33149
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Date: JANUARY 8-01 / (305) 860 48 48. EXT 17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)