2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P00000110542

Entity Name: AMALIA'S INTERNATIONAL GOURMET FOODS, INC.

Current Principal Place of Business:

1865 S UNIVERSITY DR
DAVIE, FL 33324

New Principal Place of Business:

1415 SW 110TH WAY
DAVIE, FL 33324

Current Mailing Address:

1865 S UNIVERSITY DR
DAVIE, FL 33324

New Mailing Address:

1415 SW 110TH WAY
DAVIE, FL 33324

FEI Number: 65-1081177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABBAD, PAULA A
1415 SW 110TH WAY
DAVIE, FL 33329 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: LABBAD, PAULA AMALIA
Address: 1415 SW 110TH WAY
City-St-Zip: DAVIE, FL 33324

Title: SVD ( ) Delete
Name: DAVIDOV, MARIE LUCILLE
Address: 625 RANCH RAOD
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: LABBAD, SILVIA A
Address: 235 MALLORY CT
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: BAILACH, FREDRIC H
Address: 2526 EAGLE RUN CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: PAULA LABBAD PTD 04/29/2007
Electronic Signature of Signing Officer or Director Date