

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 25, 2005 8:00 am  
Secretary of State**

04-25-2005 90231 005 \*\*\*150.00

DOCUMENT # P01000002119		
1. Entity Name SAFEFOODHANDLER, INC.		

Principal Place of Business 13899 BISCAYNE BLVD. 135 NORTH MIAMI BEACH, FL 33181		Mailing Address 17021 NORTH BAY ROAD 712 SUNNY ISLES, FL 33160	
2. Principal Place of Business		3. Mailing Address Z10 174 <sup>th</sup> st	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 401	
City & State		City & State Sunny Isles Beach, FL	
Zip	Country	Zip 33160	Country U.S.A
6. Name and Address of Current Registered Agent			
<b>SPIEGEL &amp; UTRERA, P.A.</b> 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			

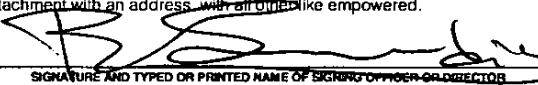
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SAMUDIO, ROBERTO 17021 NORTH BAY ROAD, STE. 712 SUNNY ISLE, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Samudio, Roberto Z10 174 <sup>th</sup> st #401 Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SAMUDIO, PATRICIA 17021 NORTH BAY ROAD, STE. 712 SUNNY ISLE, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Patricia Samudio Z10 174 <sup>th</sup> street #401 Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officerlike empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 3-28-05  
Daytime Phone #