

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90179 030 \*\*\*150.00

**DOCUMENT # P01000003223**

1. Entity Name  
**GENEROUS FOOD, INC.**



Principal Place of Business  
**3234 NORTH ANDREWS AVENUE  
OAKLAND PARK, FL**

Mailing Address  
**3234 NORTH ANDREWS AVENUE  
OAKLAND PARK, FL  
727 Hollywood Blvd.  
Hollywood FL 33019**



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1080213**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KAYNATMA, MARTHA  
727 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33019**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	KAYNATMA, HALIL
STREET ADDRESS	3234 NORTH ANDREWS AVENUE
CITY-ST-ZIP	OAKLAND PARK, FL
TITLE	V
NAME	KAYNATMA, MARTHA J
STREET ADDRESS	3234 NORTH ANDREWS AVENUE
CITY-ST-ZIP	OAKLAND PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 other like empowered.

**SIGNATURE:**

*Martina Kaynatma*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-06

Date

954-920-5237

Daytime Phone #