

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90031 028 ***550.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000022825

1. Entity Name
FB FOODS INC.



Principal Place of Business
**12000 BISCAYNE BOULEVARD
SUITE 104
NORTH MIAMI, FL 33181**

Mailing Address
**12000 BISCAYNE BOULEVARD
SUITE 104
NORTH MIAMI, FL 33181**

40101123



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07252006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-1081847

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
941 FOURTH ST
SUITE 200
MIAMI BEACH, FL 33139**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete
NAME **SALGADO, WILLIAM A**
STREET ADDRESS **12000 BISCAYNE BOULEVARD**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE **DVP, S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **COO** ☒ Delete
NAME **SMITH, DAVE**
STREET ADDRESS **12000 BISCAYNE BOULEVARD**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DCEO** ☐ Delete
NAME **SALGADO, ALEXANDER**
STREET ADDRESS **12000 BISCAYNE BOULEVARD**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE **D, CEO, T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☒ Delete
NAME **LEY, JUAN CARLOS**
STREET ADDRESS **12000 BISCAYNE BOULEVARD**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Salgado

7-25-06

Date

305.895.9791

Daytime Phone #