2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AN
Secretary of State

DOCUMENT # P01000047278 1. Entity Name FOOD CORP, INC.								
Mailing Address 3595-D NE 207TH STREET AVENTURA, FL 33180								
	Mailing Address 3595-D NE 207TH STREET							

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Principal Plac 3595-D NE 2 AVENTURA, I	207TH STREET	Aailing Address 3595-D NE 207TH STREET AVENTURA, FL 33180		4 1007/1001	 	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent STAUB, WERNER				04122008 4. FEI Numb 65-110 5. Certificate	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
AVENTUR 8. The above	207TH STREET A, FL 33180 named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or reg	· IN	THIS SP	PACE
SIGNATURE_	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE Registered	d Agent signature rec	quired when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS			•	
TITLE	PD					•
NAME	STAUB, WERNER					
STREET ADDRESS CITY-ST-ZIP	3595 D NE 207TH STREET AVENTURA, FL 33180	· · · · · · · · · · · · · · · · · · ·		,	00000 05/29/08	0944637 -80108-001 150.00
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CITY-ST-ZIP		1.				
12. I hereby c	ertify that the information supplied with this	ing does not qualify for the exe	mptions contai	ned in Chapter 11	9, Florida Statutes. I	further certify that the information

12. Hereby certify that the information supplied with this hilled does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental feport is fluel and accurate and that my 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 bither like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08

Daytime Phone #