05/01/2003 12:05 5618427398 DAVID KUHARCIK

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91771 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000069223

1. Entity Name
PERFECT FOODS CORP.

J0128797

Principal Place of Business	Mailing Address
10039 TRAILWOOD CIRCLE JUPITER, FL 33478	10039 TRAILWOOD CIRCLE JUPITER, FL 33478

2. Principal Place of Business	3. Mailing Address
10300 RIVERSIDE DRIVE	10300 RIVERSIDE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS FL	City & State: PALM BEACH GARDENS FL
Zip: 33410 Country: USA	Zip: 33410 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1118796 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROTNE, ARNE
10039 TRAILWOOD CIRCLE
JUPITER, FL 33478

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 10300 RIVERSIDE DRIVE
PALM BEACH GARDENS FL Zip Code: 33410

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

[illegible] $150.00 [illegible] Department of State

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	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ROTNE, ARNE		NAME	
STREET ADDRESS	10039 TRAILWOOD CIRCLE		STREET ADDRESS	10300 RIVERSIDE DRIVE
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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 other like empowered.

SIGNATURE: ARNE ROTNE 5-1-03 561-624-0857
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #