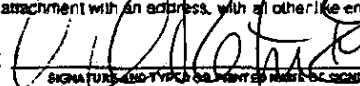


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91771 004 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000069223			
1. Entity Name PERFECT FOODS CORP.			
Principal Place of Business 10039 TRAILWOOD CIRCLE JUPITER, FL 33478		Mailing Address 10039 TRAILWOOD CIRCLE JUPITER, FL 33478	
2. Principal Place of Business 10300 RIVERSIDE DRIVE Suite, Apt. #, etc.		3. Mailing Address 10300 RIVERSIDE DRIVE Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS, FL Zip 33410 Country USA		City & State PALM BEACH GARDENS, FL Zip 33410 Country USA	
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 Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when operating)	
		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 NAME STREET ADDRESS CITY-ST-ZIP	D ROTNE, ARNE 10039 TRAILWOOD CIRCLE JUPITER, FL 33478 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☒ Addition ☐ 10300 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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	

CR2E034 (10/02)