

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000070442

Entity Name: D &amp; M FOOD OF JAX, INC.

**FILED**  
Jun 23, 2009  
**Secretary of State****Current Principal Place of Business:**105 NATURE WALK PARKWAY  
101  
ST AUGUSTINE, FL 32092 US**New Principal Place of Business:**105 NATURE WALK PARKWAY  
101  
ST AUGUSTINE, FL 32092 US**New Mailing Address:**

FEI Number: 59-3731806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**MIHAESI, MIKE M PD  
9014 NORNINGTON DR  
JACKSONVILLE, FL 32257 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: MIHAESI, MIKE M  
Address: 9014 MORNINGTON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257 USTitle: VD (X) Delete  
Name: GALILEI, PERLINA  
Address: 9014 MORNINGTON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MIHAESI

PD

06/23/2009

Electronic Signature of Signing Officer or Director

Date