


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000079600</b> 1. Entity Name ATLIXCO FOOD, INC.		
Principal Place of Business 11514 E. TAMiami TRAIL NAPLES, FL 34113	Mailing Address 11514 E. TAMiami TRAIL NAPLES, FL 34113	



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1130791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  RODRIGUEZ, FRANK 3333 RENAISSANCE BLVD. #209 BONITA SPRINGS, FL 34134	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U000000940844 05/28/08-80078-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEZA, DELFINO M 11522 E TAMiami TRAIL NAPLES, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORALES, MARIA C 11522 E TAMiami TRAIL NAPLES, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 Date Daytime Phone #