

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093559

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: SCHIAPPA FOODS CORP.

## Current Principal Place of Business:

483 SAVOIE DR  
PALM BEACH GARDENS, FL 33410 US

## New Principal Place of Business:

## Current Mailing Address:

4371 NORTH LAKE BLVD  
PMB 371  
PALM BEACH GARDENS, FL 33410 US

## New Mailing Address:

FEI Number: 65-1156797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCHIAPPA, MICHAEL P  
483 SAVOIE DR  
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHIAPPA, MICHAEL  
Address: 483 SAVOIE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: SCHIAPPA, ALENA  
Address: 483 SAVOIE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: FARLEY, JAMES  
Address: 4371 NORTHLAKE BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: MICHAEL P SCHIAPPA

PRES

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date