## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000093559

FARLEY, JAMES

4371 NORTHLAKE BLVD

PALM BEACH GARDENS, FL 33410

Name:

Address: City-St-Zip:

Entity Name: SCHIAPPA FOODS CORP.

FILED Jun 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 483 SAVOIE DR PALM BEACH GARDENS, FL 33410 LIS **Current Mailing Address: New Mailing Address:** 4371 NORTH LAKE BLVD 4371 NORTHLAKE BLVD PMB 371 PMB 371 PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33410 FEI Number: 65-1156797 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHIAPPA, MICHAEL P 483 SAVOIÉ DR PALM BEACH GARDENS, FL 33410 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SCHIAPPA, MICHAEL Name: Name: 483 SAVOIE DR Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: Title: () Change () Addition ( ) Delete SCHIAPPA, ALENA Name: Name: 483 SAVOIE DR Address: Address: PALM BEACH GARDENS, FL 33410 City-St-Zip: City-St-Zip: Title: Title: VΡ ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL P SCHIAPPA PRES 06/04/2009