2008 FOR PROFIT CORPORATION

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ANNUAL REPORT					Apr 17, 2008 08:00 Secretary of Sta			
DOCUMENT # P01000097023					1	1	Secretary	of Sta
1. Entity Name PERALTA FOOD, CORP.						^	secretary	OI Ste
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Principal Place of Business 1971 1972 And Mailing Address 2000 2000 2000 2000							No. 7 States and a second seco	1 سسه در کست 1
Principal Plac 40 NW 8TH /	e of Business	-1. -2.		•				
MIAMI, FL 3	77L	MIAMI, FL 33128						
	A Page 1 To the					: #4/\$ 1/\$/ #4/1: \$8/1: \$1	Nii 89ka (8kk 198k 198k 198k 1188	(III)
Principal Place of Business - No P.O. Box # 3. Mailing Address								
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Suite, Apt. #, etc.		Suite. Apr. #, etc.			04112008	Chg-P	CR2E034 (12/06)	t
City & State		City & State		4. FEI Numb		—— —	pplied For	
Zip	Country	Zip Count		ntrv	65-114		\$9.75	ot Applicable
	Southly 2.b					of Status Desired	Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
PERALTA, MAXIMO				Street Address (P.O. Box Number is Not Acceptable)				
	164TH COURT			Street Address (P.O Box Numb	er is Not Acceptab	ile)	
MIAMI, FL 33185								
				City			FL Zip Coo	et et
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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE:								
FILE NOWIII FEE IS \$150.00 File Nowiii FEE IS \$150.00 File Nowiii FEE IS \$150.00								
	ay 1, 2008 Fee will be \$550.	OO 11 April 7 Trust Fund Cor		Ll Add	ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.	3 344	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	
TITLE .	D PERALTA, MAXIMO	☐ Detete	TITL Nam		•		☐ Change	☐ Addition i
NAME STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			r-ST-ZIP		····,			
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NAME STREET ADDRESS	PERALTA, JOYCE 5444 S.W. 164TH COURT		NAM STRE	EET ADDRESS		UUUU 04/20/0	00903936 8-80066-008 1	50.90
CITY-ST-ZIP	MIAMI, FL 33185		СІТҮ	-ST-ZIP		047,007,0		
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STREET ADDRESS CITY-ST-ZIP	40			-ST-ZIP				
42 I bereby	rentify that the information supplied wit	n this filing does not qualify	for the ex	emptions contained	d in Chapter 11	9, 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.								
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SIGNAT	URE:	para N	loxin	no Peral·	ta 4	-15-08	305 545 73	414
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	K OR DIREC	TOK		Date	Daylims Prone #	