

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006759

Entity Name: SANZO FOODS, INC.

FILED  
Apr 28, 2007  
Secretary of State

## Current Principal Place of Business:

10881 NW 29 ST  
DORAL, FL 33172

## New Principal Place of Business:

## Current Mailing Address:

10881 NW 29 ST  
DORAL, FL 33172

## New Mailing Address:

FEI Number: 04-3615186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS  
283 CATALONIA AVE  
2ND FLOOR  
CORAL GABLES, FL 33134 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: PSD ( ) Delete  
Name: ROBAYNA, GUSTAVO C  
Address: 10881 NW 29 ST  
City-St-Zip: DORAL, FL 33172

Title: D ( ) Delete  
Name: MENDEZ, ROBERTO  
Address: 10881 NW 29 ST  
City-St-Zip: DORAL, FL 33172

Title: D ( ) Delete  
Name: MARANGES, MIGUEL A  
Address: 10881 NW 29 ST  
City-St-Zip: DORAL, FL 33172

Title: D ( ) Delete  
Name: BAJOS, ORLANDO  
Address: 10881 NW 29 ST  
City-St-Zip: DORAL, FL 33172

Title: D ( ) Delete  
Name: MELLA, HECTOR V  
Address: 7801 NW 37 ST.  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GUSTAVO C ROBAYNA

PSD

04/28/2007

Electronic Signature of Signing Officer or Director

Date