2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# P02000031915

Entity Name: ASSISTANCE FOOD AMERICA, INC.

Current Principal Place of Business:

8671 NW 66 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8671 NW 66 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 33-1011439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LERENA, CARLOS A
8671 NW 66 STREET
MIAMI, FL 33166

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: DPS ( ) Delete
Name: LERENA, CARLOS A
Address: 15705 MIAMI LAKEWAY NORTH #121
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP ( ) Delete
Name: CLISELLI, OSCAR
Address: 2899 COLLINS AVE, #638
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete
Name: LERENA, CARLOS A
Address: 15705 MIAMI LAKEWAY NORTH #121
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: LERENA, CARLOS A
Address: 10941 SW 113 PL
City-St-Zip: MIAMI, FL 33176

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

Title: S (X) Change ( ) Addition
Name: LERENA, CARLOS A
Address: 10941 SW 113 PL
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARLOS LERENA DPS 04/01/2004

Electronic Signature of Signing Officer or Director — Date