2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037621

Title:

Name:

Address:

City-St-Zip:

Entity Name: ISLAND FOODS OF CENTRAL FLORIDA, INC

(X) Delete

9030 SHAWN PARK PLACE

ORLANDO, FL 32819

ALI, NIZAR

FILED Apr 26, 2009 Secretary of State

Littly Nan	ie. ISLANDI	OODS OF CENTRAL FEORIL	DA, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
2069 AMER ORLANDO	RICANA BLVD , FL 32839						
Current Mailing Address:			New Maili	ng Address	:		
2069 AMER ORLANDO	RICANA BLVD , FL 32839						
FEI Number: 01-0656245 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
	OPY TREE C	T. US					
The above in the State		ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agen	t, or both,	
SIGNATUR	E:						
	Electron	c Signature of Registered Age	ent		Date		
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S () ALI, MEHJABEE 2069 AMERICAI ORLANDO, FL	NA BLVD	Title: Name: Address: City-St-Zip:	(()Change()Addition		
Title: Name: Address: City-St-Zip:	VP () ALI, AMIN M 10136 CANOPY ORLANDO, FL		Title: Name: Address: City-St-Zip:	ALI, AMIN M	(X) 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: AMIN ALI P 04/26/2009

() Change () Addition