


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90098 020 ***158.75

DOCUMENT # P02000105579 1. Entity Name SOUTHWEST FOOD, INC.					
Principal Place of Business 203 TIMBERWALK TRAIL JUPITER, FL 33458			Mailing Address 203 TIMBERWALK TRAIL JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box # 491 Leaf Drive Suite, Apt. #, etc.		3. Mailing Address 491 Leaf Drive Suite, Apt. #, etc.			
City & State Palm Beach Gardens, FL Zip 33410 Country U.S.A.		City & State Palm Beach Gardens, FL Zip 33410 Country U.S.A.		4. FEI Number 16-1629091 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CHEN, TONG 203 TIMBERWALK TRAIL JUPITER, FL 33458			7. Name and Address of New Registered Agent Name Chen, Tong Street Address (P.O. Box Number is Not Acceptable) 491 Leaf Drive City Palm Beach Gardens FL Zip Code 33410		
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 <u>Chen, Tong</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHEN, TONG 203 TIMBERWALK TRAIL 491 Leaf Dr. JUPITER, FL 33458 PBG, FL 33410		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>Chen, Tong</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>1/8/08</u> Daytime Phone # <u>(561) 512-1055</u>		