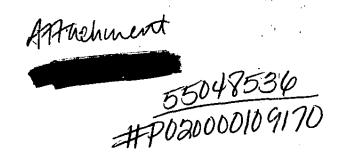
FILED Jun 16, 2003 8:00 am

2003 FOR PROFIT CORPORATION

Secretary of State

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06-04-2003 90094 002 ***150.00 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000109170 1. Entity Name BRAINFOOD CORP. **JOUGODJO** Principal Place of Business Malling Address 8290 LAKE DRIVE 8290 LAKE DRIVE NO. 417 NO. 417 MIAMI, FL 33166 MIAMI, FL 33166 3. Malling Address 2. Principal Place of Business 7355 NW 73*55* Suite, Apt. 8, etc. Suite, Apt. 4, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For <u>-</u>_ EIN 43-1978175 MIAMI MIAMI Not Applicable Country Country \$8.75 Additional ЗЗ/6¢ B. Certificate of Status Desired US A زے 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name BOWILLA DORIS BONILLA, DORIS 8290 LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) NO. 417 MIAMI, FL 33166 N.W. LL ₹ 钱 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Forida. It am familiar with, and eccept the obligations of registered agent. (NOTE: Registeria: Agentalymous required when sticketing) 9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PSD TITLE Delete TITLE Doris Bonilla 7355 NW 41.57 BONILLA, DORIS NAME NAME 8290 LAKE DRIVE NO 417 STREET ADDRESS STREET ADDRESS CNY-51-2P MIAMI, FL 33168 CITY-ST-2IP TILE 1MLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C07-51-2P COTY-ST-ZIP 1618 TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY:SI-2P CITY-ST-ZIP TITLE Delete TRLE Change ☐ Addition NAUF NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CHY-ST-2P ☐ Delete Change ☐ Addition TIBLE NAME MANE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CAY-ST-ZP TITLE ☐ Celete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I turther certify that the information indicated on this report or suppliemental 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. TEN NAME OF SKIMMING OFFICER OR DIRECTOR SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SK



Miami, May 31st, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re:

BRAINFOOD CORP.

Doc Number 202000109170

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1997.

Your consideration will be greatly appreciated.

Sincerely,

Doris Bonilla President 7355 NW 41 Street Miami, FL 33166

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