## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## FILED Jun 12, 2006 08:00 AI DOCUMENT # P02000119361 **Secretary of State** J & A ORIENTAL FOOD, INC. Principal Place of Business Mailing Address 12351 W COLONIAL DR 12351 W COLONIAL DR WINTER GARDEN, FL. 34787 WINTER GARDEN, FL 34787 05152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0750442 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATIAS, ALICIA P DO NOT WRITE 819 CURA CT. WINTER GARDEN, FL 34787 IN THIS SPACE 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 Signature, typed or printed name of registered egent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE NAME MATIAS, JOSEPH L 819 CURA CT. STREET ADDRESS WINTER GARDEN, FL 34787 CITY-\$1-ZIP VSTD TITLE U00000567085 MATIAS, ALICIA P NAME 06/12/06-80008-014 150.00 819 CURA CT. STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 TILLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR