

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000128773

1. Entity Name
INTERNATIONAL FOOD CONCEPTS, INC.



Principal Place of Business
1300-10C SOUTH FRENCH AVE
SANFORD, FL 32771

Mailing Address
PO BOX 11947
TAMPA, FL 33610

FILED
Mar 07, 2008 08:00 A
Secretary of State



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0812344

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEUNG, CONNIE
2801 E. HILLSBOROUGH AVE.
TAMPA, FL 33610

**DO NOT WRITE
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 agent and title if applicable

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LEUNG, CONNIE
2801 E. HILLSBOROUGH AVE.
TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
LEUNG, TONY
2801 E. HILLSBOROUGH AVE.
TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

000000851686
03/25/08-80050-015 158.75

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2008

813-642-5159

Date

Daytime Phone #