2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 06, 2006 08:00 AM DOCUMENT # P03000040102 **Secretary of State** Entity Name JERRY FOOD CORPORATION Principal Place of Business Mailing Address 3313 HOLLYWOOD OAKS DR 9389 W. ATLANTIC BLVD FT LAUDERDALE FL 33312 POMPANO BEACH FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 57-1175733 Not Applicable Country $Z_{\ell D}$ Country Ζip \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BRAUMAN & KANNER PA** Street Address (P.O. Box Number is Not Acceptable) 7119 W BROWARD BLVD PLANTATION FL 33317 City Zip Code 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 DATE (NOTE: Registered Agent signature inculined when reinstaling) Signature, typed or pented name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE D Delete TITLE MAME NAME NG, TAK L 3313 HOLLYWOOD OAKS DR STREET ADDRESS 0000000457099 45 46 00055-STREET ADDRESS CHY-\$1-71P CITY-ST-ZIP FT LAUDERDALE FL 33312 <u> 150, 00</u> ☐ Addition Delete 🔲 Change TITLE TITLE NAME WU, NELSON L MAME 3313 HOLLYWOOD OAKS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-SI-70 CITY-ST-ZIP ☐ Change ☐ Defete ☐ Addition TITLE TITLE HAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME MALIE STREET ACCRESS STREET ADDRESS CITY-ST-ITP CITY-ST-ZIP Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS C17Y - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

LOUISA TAM NG

FILED