## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000042424

City-St-Zip:

MIAMI, FL 33178

O A A ODECIAL FOOD CODD

FILED Apr 27, 2005 Secretary of State

Entity Name: S&ASPECIAL FOOD, CORP.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
10775 NW # 308	50 STREET				
MIAMI, FL	33178				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
10775 NW 50 STREET # 308					
MIAMI, FL	33178				
FEI Number:	56-2343394	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ABRAMSON, ESWARD J ESQ 7270 NW 12TH STREET STE 580 MIAMI, FL 33126 US			7270 NW 12TH STREE	ABRAMSON, EDWARD J ESQ 7270 NW 12TH STREET STE 580 MIAMI, FL 33126 US	
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: EDWARD J. ABRAMSON				04/27/2005	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () ALVARADO, RE 10775 NW 50 S MIAMI, FL 3317	TREET #308	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DV () SULBARAN, MA 10775 NW 50 S MIAMI, FL 3317	TREET #308	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	DS () DIAZ, ALBERY 10775 NW 50 S	Delete TREET #308	Title: ( Name: Address:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALBERY DIAZ DS 04/27/2005