


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90103 035 ***150.00

DOCUMENT # P03000057894

1. Entity Name
 JRG FOOD, INC.



Principal Place of Business
 5390 10TH AVE. NORTH
 #6
 GREENACRES, FL 33463

Mailing Address
 5390 10TH AVE. NORTH
 #6
 GREENACRES, FL 33463



2. Principal Place of Business
 5390 10TH AVE N.
 Suite, Apt. #, etc.
 GREENACRES, FL

3. Mailing Address
 Suite, Apt. #, etc.
 DO

01092006 Chg-P CR2E034 (11/05)

City & State
 City & State

4. FEI Number
 45-0515883

Applied For
 Not Applicable

Zip
 33463

Country
 Palm Beach

Zip
 Country

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

6. Name and Address of Current Registered Agent
 JAFAR, MOHAMMED ABU
 5390 10 AVE
 GREENACRES, FL 33463

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 JAFAR, MOHAMMED ABU 5390 10TH AVE NORTH GREENACRES, FL 33463 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KHAN, SHAFIQUL 5390 10TH AVE NORTH GREENACRES, FL 33463 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 all other like empowered.

SIGNATURE (MOHAMMED. JAFAR) *Mohammed Jafar* 04/16/06 561-317-7332
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #