

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90002 045 \*\*\*150.00

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P03000064754                      |  |
| 1. Entity Name<br>AA FOOD DISTRIBUTORS, INC. |                                                                                   |

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>7533 LOCKHART WAY<br>BOYNTON BEACH, FL 33437 | Mailing Address<br>7533 LOCKHART WAY<br>BOYNTON BEACH, FL 33437 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



07242006 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>03-0520931 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>DEVIVO, AMELIA<br>7533 LOCKHART WAY<br>BOYNTON BEACH, FL 33437 |
|-----------------------------------------------------------------------------------------------------------------------|

**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:

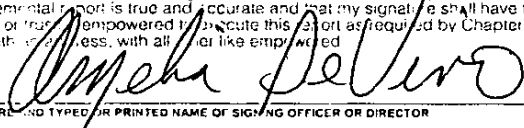
|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

|                                                                                    |                             |
|------------------------------------------------------------------------------------|-----------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|------------------------------------------------------------------------------------|-----------------------------|

| 10. OFFICERS AND DIRECTORS                        |                                                                     |
|---------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VP<br>DEVIVO, ALAN<br>7533 LOCKHART WAY<br>BOYNTON BEACH, FL 33437  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | P<br>DEVIVO, AMELIA<br>7533 LOCKHART WAY<br>BOYNTON BEACH, FL 33437 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                     |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 the filing, with all other like employment.

|                                                                                                |      |                 |
|------------------------------------------------------------------------------------------------|------|-----------------|
| SIGNATURE:  | DATE | Daytime Phone # |
|------------------------------------------------------------------------------------------------|------|-----------------|

ATTACHMENT

40101956

~~# P03000064754~~

8/23/06

To Whom It May Concern,

We never recieved  
notice for the Filing  
of the Annual Report.

Thank You,

Amelia DeVino

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