FILED
May 21, 2007 8:00 am
Secretary of State
04-30-2007 90445 025 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000097607

1. Entity Name
PROVENZAL LATIN FOOD IMPORT & EXPORT INC.

66015894

Principal Place of Business	Mailing Address
~~433 SW 21ST ROAD #B~~	~~433 SW 21ST ROAD #B~~
~~MIAMI, FL 33129 US~~	~~MIAMI, FL 33129 US~~

04242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
433 SW 21st RD	433 SW 21st RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33129 Country: US	Zip: 33129 Country: US

4. FEI Number 14-7895519 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~FERREIRA, ALEX C~~	Name: Alex C. Ferreira
~~433 SW 21TH ROAD~~	Street Address (P.O. Box Number is Not Acceptable): 433 SW 21st RD
~~#B~~	City: Miami FL Zip Code 33129
~~MIAMI, FL 33129~~	

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] ALEX C Ferreira 05/18/07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~CURE, FABIOLA~~ ~~433 SW 21TH ROAD~~ ~~MIAMI, FL 33129~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Cure, Fabiola 433 SW 21st RD Miami, Fl 33129	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Fabiola Cure 5-18-07 786-2344481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #