2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000116324

1. Entity Name
SUR-FOODS EMPORIUM CORPORATION

Principal Place of Business	Mailing Address
12720 SOUTH ORANGE BLOSSOM TRAIL, STE 5 ORLANDO, FL 32837	P.O. BOX 770729 ORLANDO, FL 32877

DO NOT WRITE IN THIS SPACE

03082007 No Chg-P CR2E034 (11/05)

4. FEI Number
71-0953769

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASTELLANO, MANUEL
12720 S. ORANGE BLOSSOM TRAIL
UNIT 5
ORLANDO, FL 32837

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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, 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

TITLE	P
NAME	CASTELLANO, MANUEL
STREET ADDRESS	12720 S. ORANGE BLOSSOM TRAIL STE 5
CITY-ST-ZIP	ORLANOD, FL 32837
TITLE	
NAME	
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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: _____ 3/8/2007 407 856-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #