

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140668

Entity Name: REAL FOOD CORP.

FILED  
Jan 22, 2008  
Secretary of State

## Current Principal Place of Business:

3130 WEST 84 STREET UNIT 1  
MIAMI, FL 33018

## New Principal Place of Business:

## Current Mailing Address:

6734 NW. 107 PLACE  
MIAMI, FL 33178

## New Mailing Address:

FEI Number: 20-0434660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, ARLENE P  
6734 NW. 107 PLACE  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GARCIA, ARLENE P  
Address: 6734 NW. 107 PLACE  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GARCIA, ARLENE PD  
Address: 3130 WEST ,84 STREET,UNIT 1  
City-St-Zip: MIAMI, FL 33018 US

Title: VP ( ) Change (X) Addition  
Name: PEREZ, OSCAR VP  
Address: 3130 WEST, 84 STREET ,UNIT 1  
City-St-Zip: MIAMI, FL 33018 US

Title: D ( ) Change (X) Addition  
Name: VILLEGAS, NIDIA  
Address: 3130 WEST, 84 STREET, UNIT 1  
City-St-Zip: MIAMI, FL 33018 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ARLENE GARCIA

PD

01/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date