2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000046083

1. Entity Name

FOOD SAFETY ALLIANCE, INC.



FILED Feb 12, 2007 08:00 Al Secretary of State

Principal Place of Business

1126 S FEDERAL HWY

#1000

FT LAUDERDALE, FL 33316

Mailing Address

1126 S FEDERAL HWY

#1000

FT LAUDERDALE, FL 33316



02062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0862483 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHEN W GILBERTSON CPA 2720 E OAKLAND PARK BLVD #109

FT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or r	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE	PSTD				
NAME	BRUNO, STEPHEN R				
STREET ADDRESS	1300 SW 17TH ST				
CITY-ST-ZIP	FT LAUDERDALE, FL 33315				
TITLE					
NAME					U00000631183
STREET ADDRESS					02/20/07-80036-017 150.00
CITY-ST-ZIP	•				on not 01 00000 of 100.00
TITLE	_				
NAME		·			
STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP				DO	INO! WAKIIE
TITLE				INI	THIS SPACE
NAME				114	TIIIO OFACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					

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 outh; 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:

NAME STREET ADDRESS CITY-ST-ZIP

716.7.2001