

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000058778



1. Entity Name
FOOD STRATEGY, INC.

Principal Place of Business
**7187 SOUTHPORT DR
BOYNTON BEACH FL 33437**

Mailing Address
**7187 SOUTHPORT DR
BOYNTON BEACH FL 33437**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **20-0978227**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**KULICK, ALLAN
7187 SOUTHPORT DR
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D ☐ Delete
KULICK, ALLAN
7187 SOUTHPORT DR
BOYNTON BEACH FL 33437

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D ☐ Delete
DROPKIN, LAWRENCE
7187 SOUTHPORT DR
BOYNTON BEACH FL 33437

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
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CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

1100000612699
02/05/07-30006-026 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CR2E034 (10/06)

1ST MOORE

I, _____, does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information provided is true and correct to the best of my knowledge and belief, 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, and that my name appears in Block 10 or Block 11.