

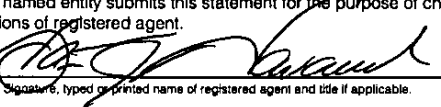
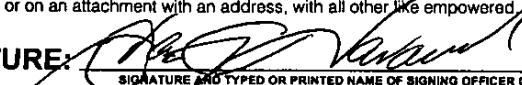


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90034 039 ***150.00

DOCUMENT # P04000062415 1. Entity Name NCE FOODS P.R., INC.					
Principal Place of Business 5409 B SOUTHERN COMFORT BLVD TAMPA, FL 33634				Mailing Address 5409 B SOUTHERN COMFORT BLVD TAMPA, FL 33634	
2. Principal Place of Business 5420 Pioneer Park Blvd		3. Mailing Address 5420 Pioneer Park Blvd			
Suite/Apt. #, etc. D		Suite/Apt. #, etc. D		01202006 Chg-P CR2E034 (11/05)	
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-1093742	
Zip 33634		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAVARRO, EDWINA J 5409 B SOUTHERN COMFORT BLVD TAMPA, FL 33634				7. Name and Address of New Registered Agent Name Ivan G Navarro Street Address (P.O. Box Number is Not Acceptable) 5420 Pioneer park Blvd ste D City Tampa FL Zip Code 33634	
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  DATE 01/17/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAVARRO, EDWINA J 5409 B SOUTHERN COMFORT BLVD TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Navarro, Edwina J 5420 Pioneer Park Blvd Ste D Tampa FL 33634		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NAVARRO, IVAN G 5409 B SOUTHERN COMFORT BLVD TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Navarro, Ivan G 5420 Pioneer park Blvd Ste D Tampa FL 33634		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAVARRO, VERONICA M 5409 B SOUTHERN COMFORT BLVD TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Navarro, Veronica M 5420 Pioneer park Blvd Ste D Tampa FL 33634		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAVARRO, VIVIANA E 5409 B SOUTHERN COMFORT BLVD TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Navarro, Viviana E 5420 Pioneer park Blvd Ste D Tampa FL 33634		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			Date 01/17/2006 Daytime Phone # 838874800		