

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000069229	
1. Entity Name SNACK-A-ROO DISTRIBUTORS, INC	
Principal Place of Business 815 W 69 PLACE HIALEAH, FL 33014	Mailing Address 815 W 69 PLACE HIALEAH, FL 33014



U00000800195
01/31/08-80007-020 150.00



DO NOT WRITE IN THIS SPACE

01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2230880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GUERRA, ANGEL C
27347 SW 117 PLACE
MIAMI, FL 33032

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LI, RAYSI 815 W 69TH PLACE HIALEAH, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #