2005 FOR PROFIT CORPORATION

FILED Jun 10, 2005 8:00 am Secretary of State

-	ANNUAL REPORT				Secretary or State			
DOCUMENT # P04000089267 1. Entity Name WAUCHULA FOOD, INC					05-31-20	05 90005 038 ***	150.00	
Principal Place of Business		Mailing Address				FOR		
1501 WEST MAIN STREET Wauchula, Fl. 33873		1537 SHADY OAK DRIVE Kissimmee, Fl. 34744		1	66022585			
MADGIULA,	IL 330/3	MISSINGLE, FE 34744		4 10000000			1:10: n ran:	
2. Principal Place of Business		3. Mailing Address						
				1 130.0 (20.00)	IAIM PIEM EAM ARM O	ECILI BERCOR LECHEN FRIKAN ILIBERA BUUCI IDI.	(781 <u>8</u> (31)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05092005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numbe	0-127	0380	plied For	
Zip Country		Zip Country				\$8.75 Add	t Applicable	
	8. Name and Address of Current	Projeterni Apont			of Status Desired	Fee Require	d	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
KAPADIA, ASHISH 1537 SHADY OAK DRIVE			Street Addre	ess (P.O. Box Number is Not Acceptable)				
	E, FL 34744		ļ 			·		
			City		<u>-</u>	- To Co.		
						FL Zp Cod		
	named entity submits this statement to ions of registered agent.	If the purpose of changing its req	gistered office or reg	istered agent, or both	i, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE.								
	Signature, typed or printed name of registered agent	and ide 4 applicable. (NOTE: Re	egistered Agent signature rec	quired when renetating)		DATE		
FILE NOWIII FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS/	HANGES TO OF	FICERS AND DIRECTORS	3 IN 11	
TITLE NAME	P KAPADIA, ASHISH	□ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	1537 SHADY OAK DRIVE		STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE, FL 34744		City-St-ZiP					
TITLE NAME	V, S SHAH, DHIMANT	☐ Celete	TITLE .			Change	☐ Addition	
STREET ADDRESS	168 OAK GROVE CIRCLE		STREET ADDRESS					
CITY-SI-ZIP	LAKE MARY, FL 32746		CITY-ST-ZEP					
TIRE	T SHAH, VISHAKHA	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADORESS	168 OAK GROVE CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP				_	
NAME		☐ Defets	HALE			Change	☐ Add±ion	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	 				
TITLE NAME		Cerese	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
TITLE		☐ Delete	CITY-ST-ZIP			[Chan	Addista-	
NAME		LI Vete	NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
12. I hereby	Certify that the information supplied with	this filling does not qualify for th	CITY-SI-ZIP	Section 119 07/3Vii	Florida Statutos	I further certify that the le	formation	
indicated	on this report or supplemental report is	true and accurate and that my	nionatura shall bawa	the came least offert	no it made under	costs that I am an affine	Or disperse	

indicated on inis report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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.

ASHISH

SIGNATURE: KAPAMA