

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101064

Entity Name: MI TIA FOOD CORPORATION

FILED  
Apr 29, 2006  
Secretary of State

**Current Principal Place of Business:**

500 NE 172ND STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 64-0935  
ULETA STATION, FL 33264

**New Mailing Address:**

FEI Number: 20-1369787      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

URENA, EDMUNDO R  
500 NE 172ND STREET  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: URENA, EDMUNDO R  
Address: 500 NE 172ND STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP ( ) Delete  
Name: URENA, FRANCIA A  
Address: 500 NE 172ND STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: URENA, EDMUNDO  
Address: 500 NE 172ND STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: URENA, EDMUNDO R  
Address: 500 NE 172ND STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUNDO R URENA

DP

04/29/2006

Electronic Signature of Signing Officer or Director

Date