


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90231 046 ***150.00

DOCUMENT # P04000105096

1. Entity Name
FLORIMEX FOOD CORPORATION



Principal Place of Business
**5410 PIONEER PARK BOULEVARD, SUITE D
 TAMPA, FL 33634**

Mailing Address
**5410 PIONEER PARK BOULEVARD, SUITE D
 TAMPA, FL 33634**

2. Principal Place of Business
5103 W. KNOX ST
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 260277
 Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA FL

Zip
33634 Country **USA**

Zip
33605 Country **USA**



04192006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1359052

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MILLA, MATIAS
 5410 PIONEER PARK BOULEVARD, SUITE D
 TAMPA, FL 33634**

7. Name and Address of New Registered Agent

Name
MILLA, MATIAS

Street Address (P.O. Box Number is Not Acceptable)
5103 W. KNOX ST

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 *[Signature]* DATE **4/16/06**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP MILLA, MATIAS 5410 PIONEER PARK BOULEVARD, SUITE D TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERLITA, MADLEIN 5410 PIONEER PARK BOULEVARD, SUITE D TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLA, MATILDE Z 5410 PIONEER PARK BOULEVARD, SUITE D TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MILLA, MATIAS 5103 W. KNOX ST. TAMPA, FL, 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERLITA, MADLEIN 5103 W. KNOX ST. TAMPA, FL, 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLA, MATILDE Z 5103 W. KNOX ST. TAMPA, FL, 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSE VALIENTE, JOSE E. 5103 W. KNOX ST. TAMPA, FL, 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: *[Signature]* DATE **4/20/06** DAYTIME PHONE # **813-240-4178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR