2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P04000110723

Entity Name: SUPREME FINE FOODS, INC.

Current Principal Place of Business:

422 SW 195TH AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

2900 GLADES CIRCLE
SUITE 850
WESTON, FL 33327

Current Mailing Address:

422 SW 195TH AVENUE
PEMBROKE PINES, FL 33029

New Mailing Address:

2900 GLADES CIRCLE
SUITE 850
WESTON, FL 33327

FEI Number: 20-1421006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLI, SALVATORE
422 SW 195TH AVENUE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

NAPOLI, SALVATORE
2900 GLADES CIRCLE
SUITE 850
WESTON, FL 33327 US

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: SALVATORE NAPOLI 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NAPOLI, SALVATORE
Address: 422 SW 195TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: COHEN, ARNOLD
Address: 422 SW 195TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 54

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NAPOLI, SALVATORE
Address: 2900 GLADES CIRCLE
City-St-Zip: WESTON, FL 3327

Title: D (X) Change ( ) Addition
Name: COHEN, ARNOLD
Address: 2900 GLADES CIRCLE
City-St-Zip: WESTON, FL 3327

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: SALVATORE NAPOLI DIR 04/30/2009
Electronic Signature of Signing Officer or Director Date