



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90023 017 ***150.00

DOCUMENT # P04000113919 1. Entity Name BOB'S FOOD, INC.																													
Principal Place of Business 15352 N.W. 79 CT MIAMI LAKES, FL 33016			Mailing Address 15352 N.W. 79 CT MIAMI LAKES, FL 33016																										
2. Principal Place of Business - No P.O. Box # 15352 N.W. 79 CT		3. Mailing Address 11570 N.W. 20 CT																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State MIAMI LAKES		City & State Plantation		4. FEI Number 90-0191182																									
Zip 33016		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
Zip 33323		Country Broward		6. Name and Address of Current Registered Agent MORALES, JOSE P 3785 S.W. 149 TERRACE MIRAMAR, FL 33027 11570 N.W. 20 CT Plantation, FL 33323																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;"> PD <input type="checkbox"/> Delete MORALES, JOSE P 3785 S.W. 149 TERRACE MIRAMAR, FL 33027 11570 N.W. 20 CT Plantation, FL 33323 </td> </tr> <tr> <td>TITLE</td> <td> STD <input type="checkbox"/> Delete MORALES, CHIN H 3785 S.W. 149 TERRACE MIRAMAR, FL 33027 11570 N.W. 20 CT Plantation, FL 33323 </td> </tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> </table>			TITLE	PD <input type="checkbox"/> Delete MORALES, JOSE P 3785 S.W. 149 TERRACE MIRAMAR, FL 33027 11570 N.W. 20 CT Plantation, FL 33323	TITLE	STD <input type="checkbox"/> Delete MORALES, CHIN H 3785 S.W. 149 TERRACE MIRAMAR, FL 33027 11570 N.W. 20 CT Plantation, FL 33323	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered. SIGNATURE:  1/19/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																													