

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90417 002 ***150.00

DOCUMENT # P04000129256

1. Entity Name
DELICIOUS FOODS OF AMERICA, INC.



Principal Place of Business
112 GIRALDA AVENUE
CORAL GABLES, FL 33134

Mailing Address
5600 W 13 AVE
HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

112 GIRALDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006

Chg-P

CR2E034 (11/05)

City & State

City & State
CORAL GABLES - FL

4. FEI Number
20-1621666

Applied For
Not Applicable

Zip

Country

Zip

33134

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, JOSE L ESQ.
7975 NW 154 STREET
SUITE 320
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name ORIALYS VILARINO

Street Address (P.O. Box Number is Not Acceptable)

112 GIRALDA AVE

City CORAL GABLES

FL

Zip Code 33134

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P
NAME SOMODEVILLA, RAUL
STREET ADDRESS 112 GIRALDA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Delete

TITLE VP
NAME MARTINEZ, CESAR
STREET ADDRESS 112 GIRALDA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D/P ORIALYS VILARINO
112 GIRALDA AVE
CORAL GABLES FL 33134

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #