


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90859 047 ***150.00

DOCUMENT # P04000136777	
1. Entity Name KAZOLI FOODS, INC.	

Principal Place of Business 5803 N. BANANA RIVER BLVD. #1045 CAPE CANAVERAL, FL 32920	Mailing Address 5803 N. BANANA RIVER BLVD. #1045 CAPE CANAVERAL, FL 32920
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40094128



2. Principal Place of Business - No P.O. Box # 6290 N. ATLANTIC AVE.	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. SUITE 5+6	Suite, Apt. #, etc.
City & State CAPE CANAVERAL, FL	City & State
Zip 32920	Country U.S.A.

03302007 Chg-P CR2E034 (12/06)

4. FEI Number 03-0549464		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PIMENTA, DEBRA 5803 N. BANANA RIVER BLVD. #1045 CAPE CANAVERAL, FL 32920		
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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PIMENTA, DEBRA 5803 N. BANANA RIVER BLVD. #1045 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIMENTA, ADELINO 5803 N. BANANA RIVER BLVD. #1045 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Debra Pimenta **Debra Pimenta, President** 4/1/07 321-783-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #