


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90023 023 ***150.00

DOCUMENT # P04000144596 1. Entity Name ROMAX FOOD CORP.																													
Principal Place of Business 324 S.W. 12TH AVE MIAMI, FL 33130			Mailing Address 324 S.W. 12TH AVE MIAMI, FL 33130																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
PERALTA, JOYCE 5444 S.W. 164 COURT MIAMI, FL 33185			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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: <u><i>Joyce Peralta</i></u> 3-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; padding: 2px;"> PSD PERALTA, JOYCE 5444 SW 164 COURT MIAMI, FL 33185 <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PERALTA, JOYCE 5444 SW 164 COURT MIAMI, FL 33185 <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	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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			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	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	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
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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: <u><i>Joyce Peralta</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-13-06 305 226-3618 <small>Date Daytime Phone #</small>																											

50005215



02032006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2058087** APPLIED FOR ☐ Applied For ☐ Not Applicable

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