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Feb 20, 2007 8:00 am
Secretary of State

01-18-2007 90116 039 *****8.75
02-20-2007 90035 021 ***141.25

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000147127

1. Entity Name
LOS PRIMITOS FOODS, INC.

40020656

Principal Place of Business	Mailing Address
10430 BONITA BEACH RD. BONITA SPRINGS, FL 34135 US	P.O. BOX 652 BONITA SPRINGS, FL 34133 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01112007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1816946 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, FRANK
2014 SANTA BARBARA BLVD.
NAPLES, FL 34116

7. Name and Address of New Registered Agent

Name FRANK RODRIGUEZ & ANA ALONSO
Street Address (P.O. Box Number is Not Acceptable) 3333 RENAISSANCE BLVD # 209
City BONITA SPRINGS FL Zip Code 34134

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] 1-11-07
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 PST NAME LEDESMA, ELIAMAR STREET ADDRESS 1430 BONITA BEACH RD. CITY-ST-ZIP BONITA SPRINGS, FL 34135	☒ Delete	TITLE PST NAME EGNA GONZALEZ STREET ADDRESS 9820 PENNSYLVANIA AVE CITY-ST-ZIP BONITA SPRINGS, FL 34134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VICE PRES. NAME SANTOS GONZALEZ STREET ADDRESS 9820 PENNSYLVANIA AVE CITY-ST-ZIP BONITA SPRINGS, FL 34134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: X Egna Gonzalez 1-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #