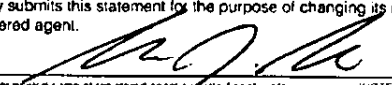


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

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

DOCUMENT # P04000147127					
1. Entity Name LOS PRIMITOS FOODS, INC.					
Principal Place of Business 10430 BONITA BEACH RD. BONITA SPRINGS, FL 34135 US			Mailing Address 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	4. FEI Number 20-1816946	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
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 MONSO 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  DATE 1-11-07 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when "amending")					
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	PST LEDESMA, ELIAMAR 1430 BONITA BEACH RD. BONITA SPRINGS, FL 34135 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EGNA GONZALEZ 9820 PENNSYLVANIA AVE BONITA SPRINGS, FL 34134 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE SANTOS GONZALEZ 9820 PENNSYLVANIA AVE 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:  1-12-07			Date Daytime Phone #		

40020656



01112007 Chg-P CR2E034 (12/06)