

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90002 043 ***150.00

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 # Suite, Apt. #, etc.		3. Mailing Address 9820 PENNSYLVANIA AVE. Suite, Apt. #, etc.	
City & State BONITA SPRINGS FL		4. FEI Number 20-1816946	
Zip 34135		Country U.S.	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> 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 Street Address (P.O. Box Number is Not Acceptable) 3333 RENAISSANCE BLVD #209 City BONITA SPRINGS FL	
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.		Zip Code 34134	
SIGNATURE <small>Signature, typed or printed name, measured agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE 1-9-08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	NAME GONZALEZ, EGNA	TITLE PST	NAME MARIO HINOJOSA
STREET ADDRESS 9820 PENNSYLVANIA	CITY-ST-ZIP BONITA SPRINGS, FL 34134	STREET ADDRESS 9820 PENNSYLVANIA AVE.	CITY-ST-ZIP BONITA SPRINGS, FL 34135
TITLE VP	NAME GONZALEZ, SANTOS	TITLE 	NAME
STREET ADDRESS 9820 PENNSYLVANIA AVE	CITY-ST-ZIP BONITA SPRINGS, FL 34134	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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:	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-9-08	