

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90052 035 ***158.75

DOCUMENT # P04000149237

1. Entity Name
CORONADO FOODS INC.



Principal Place of Business

~~11263 BIENVENIDA WAY~~
~~# 102~~
~~FORT MYERS, FL 33908~~ US

Mailing Address

~~11263 BIENVENIDA WAY~~
~~# 102~~
~~FORT MYERS, FL 33908~~ US

40047890



2. Principal Place of Business - No P.O. Box #

25265 CHAMBER OF
Suite, Apt. #, etc. COMMERCE DR
Bonita

3. Mailing Address

25265 CHAMBER OF
Suite, Apt. #, etc. Commerce Drive

03052007 Chg-P CR2E034 (12/06)

City & State

Bonita Springs FL
Zip 34135 Country USA

City & State

Bonita Springs FL
Zip 34135 Country USA

4. FEI Number

20-1845313

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIRELLA, SALVATORE
11263 BIENVENIDA WAY
102
FORT MYERS, FL 33908

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

Salvatore Cirella

3/31/07

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

TITLE P ☐ Delete
NAME CIRELLA, SALVATORE
STREET ADDRESS 11263 BIENVENIDA WAY, # 102
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS DEAN CIRELLA
CITY-ST-ZIP 109 ANDREW RD
MANHASSET NY 11030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salvatore Cirella

3/31/07

239 948 3885

Date

Daytime Phone #