2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 26, 2006 8:00 am Secretary of State

4-12-06

407-298-2752

DOCUMENT # P0500004623 1. Entity Name MOBILE FOODS INTERNATIONAL, INC.					04-26-2006 90222 049 ***158.75					
Principal Place of Business Mailing Address					†					
5500 VANCE AVE. 5500 VANCE										
ORLANDO, FI			ORLANDO, FL 32810							
Principal Place of Business 3.		3. Mailing Address	3. Mailing Address							
					_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04112006	Chg-P	CR2E03	34 (11/05)		
City & State		City & State	City & State		4. FEI Number			1 140	plied For	
City & State		Oky a State	Only a dialo		1	180696	-	⊢	t Applicable	
Žip Country		Zip Count		itry			~ /	8.75 Add		
			Í		5. Certificate of	Status Desired	7 8 - 3	ee Require	d	
6. Name and Address of Current Registered Agent				1	7. Name and A	ddress of New R	egistered A	gent		
Name										
ARTHUR, JAMES				Stroot Address	Street Address (P.O. Box Number is Not Acceptable)					
5500 VANCE AVE. ORLANDO, FL 32810					ess (F.O. Box Number is Not Acceptable)					
OKLANDO	7, FL 32010						,		·	
				Cib.				Tio Code		
				City			FL	Zip Code	9	
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										
		A 51 6						•		
FIL After Ma	E NOWI!! FEE 18 \$150.00 ay 1, 2006 Fee will be \$550	9. Election Camp Trust Fund Cor		ncing \$5	.00 May Be led to Fees					
10.	OFFICERS AND DIRECTORS				ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	PVTD	☐ Delete	TITL	I				Change	Addition	
NAME STREET ADDRESS	ARTHUR, JAMES 5500 VANCE AVE.		NAA	re Eet address						
CITY-ST-ZIP	ORLANDO, FL 32810			r-ST-ZIP						
	0.12.11.20.11.20.10							Chosen	☐ Addition	
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CITY-ST-ZIP				r-ST-ZIP						
TITLE		☐ Delete	TITL	F				☐ Change	Addition	
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STREET ADDRESS				EET ADORESS						
CITY-ST-ZIP			CITY	r-ST-ZIP						
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NAME			NAA	·						
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CITY-ST-ZIP			CITY	r-ST-ZIP						
TITLE		☐ Delete	TITL	Į.				Change	Addition	
NAME OTDEET ATIMISES			NAA CTD	re Eet adoress						
STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP						
	and the that the interest of the control of	in the file of 17			d in Charter 440	Clerido Ct-t-t	funda	6. that the	eformation	
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 leggla effect as if made under oath; that I am an officer or director of the convergation or the receiver of this teaching the same leggla effect as if made under oath; that I am an officer or director of the convergation or the receiver of this teaching the same leggla effect as if made under oath; that I am an officer or director										