## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 19, 2008 08:00 A Secretary of State DOCUMENT # P05000020112 THREE RODRIGUEZ FOOD CORP. Principal Place of Business Mailing Address 2021 N GOLDENROD RD. 2021 N GOLDENROD RD. ORLANDO, FL 32807 US ORLANDO, FL 32807 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 20-2303185 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, LUIS R Street Address (P.O. Box Number is Not Acceptable) 907 CALIFORNIA WOODS CIRCLE ORLANDO, FL 32824 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change Addition ☐ Delete RODRIGUEZ, LUIS R NAME NAME U000000863871 907 CALIFORNIA WOODS CIRCLE STREET ADDRESS STREET ADDRESS 04/03/08-80107-023 150.00 CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME RODRIGUEZ, BENITO D NAME 916 ARIZONA WOODS LANE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32824 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME RODRIGUEZ, GREGORIO B NAME 2303 SANTA ANA ST STREET ADDRESS STREET ADDRESS KISSIMMEE, FL 34743 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #