2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048103

Entity Name: AAR FOOD BROKERAGE, INC.

FILED Apr 13, 2009 Secretary of State

1116 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

1116 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756

FEI Number: 11-3748741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, ROB

1116 SOUTH MYRTLE AVENUE

CLEARWATER, FL 33756 US

ANDERSON, ROBERT A

351 CUMBERLAND AVE

ORMOND BEACH, FL 32174 US

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.

SIGNATURE: ROBERT A. ANDERSON 04/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: ASHER, LAWRENCE Name: ASHER, LAWRENCE C

ASHER, LAWRENCE C
Address: 10673 NW 12TH MANOR
City-St-Zip: PLANTION, FL 33322 City-St-Zip: PLANTATION, FL 33322

 Name:
 RYAN, BOB
 Name:
 RYAN, M. ROBERT

 Address:
 1116 SOUTH MYRTLE AVENUE
 Address:
 1923 DOLPHIN DRIVE

City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D () Delete Title: D (X) Change () Addition
Name: ANDERSON, ROB Name: ANDERSON, ROBERT A
Address: 351 CLIMBERI AND AVENUE

Address: 351 CLIMBERI AND AVENUE

Address: 351 CUMBERLAND AVENUE Address: 351 CUMBERLAND AVENUE City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. ROBERT RYAN D 04/13/2009