2006 FOR PROFIT CORPORATION ANNUAL REPORT

4.

FILED
May 30, 2006 8:00 am
Secretary of State

04-24-2006 90445 025 ***150.00

DOCUMENT # P05000074614

1. Entity Name
RMD FOOD, INC.

Principal Place of Business	Mailing Address
905 SW 5TH STREET MIAMI, FL 33130-2504	905 SW 5TH STREET MIAMI, FL 33130-2504

66017463

03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
995 SW 5th Street	995 SW 5th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami, FL
Zip: 33130 Country: USA	Zip: 33130 Country: USA

4. FEI Number: 20-2901307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, ROBERT M
905 SW 5TH STREET
MIAMI, FL 33139

7. Name and Address of New Registered Agent

Name: Diaz Robert M.
Street Address (P.O. Box Number is Not Acceptable): 995 SW 5th Street
City: Miami FL Zip Code: 33130

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: (x) Robert M. Diaz (x) DATE: 4/17/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD DIAZ, ROBERT M 1508 BAY RD APT N01 MIAMI BCH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: (x) Robert M. Diaz Robert M. Diaz (x) 4/17/06 (305) 545-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #