## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000103502

10101 S.W. 88TH STREET

MIAMI, FL 33176

Address:

City-St-Zip:

FILED Jan 03, 2007 Secretary of State

Entity Nar	me: FIGURE	8 FOODS OF FLORIDA, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
15136 SOUTHWEST 32ND STREET MIAMI, FL 33185			125 MIRACLE MILE CORAL GABLES, FL	125 MIRACLE MILE CORAL GABLES, FL 33134	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
15136 SOL MIAMI, FL	JTHWEST 32 33185	ND STREET			
FEI Number:	: 04-3821588	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
RAYNERI, CHRISTIAN 15136 SOUTHWEST 32ND STREET MIAMI, FL 33185 US			125 MIRACLE MILE	RAYNERI, CHRISTIAN 125 MIRACLE MILE CORAL GABLES, FL 33134 US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: CHRISTIAN RAYNERI				01/03/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RAYNERI, CH	WEST 32ND STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( MENDEZ, JUA 3023 S.W. 133 MIAMI, FL 33	BRD COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( RODRIGUEZ, 5033 S.W. 151 MIAMI, FL 331	IST PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( RODRIGUEZ,	) Delete HOTAM	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTIAN RAYNERI PD 01/03/2007