2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000107050

1. Entity Name

RY-NO FOODS, INC.

Principal Place of Business	Mailing Address
9664 SAVONA WINDS DR DELRAY BEACH, FL 33446	9664 SAVONA WINDS DR DELRAY BEACH, FL 33446

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01292007　　No Chg-P　　CR2E034 (11/05)

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4. FEI Number		Applied For
20-3264282		Not Applicable

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

6. Name and Address of Current Registered Agent

DEENA, TOWBIN R
9664 SAVONA WINDS DR
DELRAY BEACH, FL 33446

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.　　OFFICERS AND DIRECTORS

TITLE	PO
NAME	TOWBIN, DEENA
STREET ADDRESS	9664 SAVONA WINDS DR
CITY-ST-ZIP	DELRAY BEACH, FL 33446

TITLE	V,P
NAME	Jason Margolin
STREET ADDRESS	6647 Conch Court
CITY-ST-ZIP	Boynton Bch, Fl. 33437

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Deena Towbin_　　2-6-07　　561-495-9643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #