

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90043 040 ***150.00

DOCUMENT # P05000113485

1. Entity Name
SNACK AMERICA, INC.



Principal Place of Business

**9911 JAMAICA DRIVE
MIAMI, FL 33189 US**

Mailing Address

**9911 JAMAICA DRIVE
MIAMI, FL 33189 US**

40006985



2. Principal Place of Business

19831 SW 103CT

3. Mailing Address

PO Box 565981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212006

Chg-P

CR2E034 (11/05)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

203410097

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33256-5981

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOREDO, JAVIER
6880 ABBOTT AVE
APT. 403
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LOREDO, JAVIER**
STREET ADDRESS **6880 ABBOTT AVE #403**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **VP** ☐ Delete
NAME **SLEPPY, TIMOTHY E**
STREET ADDRESS **9911 JAMAICA DRIVE**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **SEC** ☐ Delete
NAME **LOREDO, JAVIER**
STREET ADDRESS **6880 ABBOTT AVE #403**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **TREA** ☐ Delete
NAME **SLEPPY, TIMOTHY E**
STREET ADDRESS **9911 JAMAICA DRIVE**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **SLEPPY, TIMOTHY E**
STREET ADDRESS **PO Box 565981**
CITY-ST-ZIP **MIAMI FL 33256-5981**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREA** ☒ Change ☐ Addition
NAME **SLEPPY, TIMOTHY E**
STREET ADDRESS **PO Box 565981**
CITY-ST-ZIP **MIAMI FL 33256-5981**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Timothy E. Sleppy VP

1/20/06

786 857 6603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #