

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118184

Entity Name: EASY FOODS INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

5900 NW 97 AVE
NO 14
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

396 ALHAMBRA CIRCLE
100
CORAL GABLES, FL 33134 US

New Mailing Address:

5900 NW 97 AVE
14
DORAL, FL 33178 US

FEI Number: 20-3525558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAIAS A., WILLIAM
396 ALHAMBRA CIRCLE
SUITE 100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISAIAS, ROBERTO
Address: 396 ALHAMBRA CIRCLE, SUITE 100
City-St-Zip: CORAL GABLES, FL 33134

Title: PS () Delete
Name: ARMENDARIZ, GONZALO E
Address: POB 160487
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: ISAIAS, WILLIAM
Address: 396 ALHAMBRA CIRCLE, STE. 100
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ISAIAS, LUIS
Address: 396 ALHAMBRA CIRCLE, STE. 100
City-St-Zip: CORAL GABLES, FL 33134

Title: OF () Delete
Name: MORLA, MARIADEL CARMEN
Address: 396 ALHAMBRA CIRCLE, STE. 100
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ISAIAS A., WILLIAM
Address: 396 ALHAMBRA CIRCLE, SUITE 100
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PS (X) Change () Addition
Name: ARMENDARIZ, GONZALO E
Address: 5900 NW 97 AVENUE # 14
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GONZALO E. ARMENDARIZ

PS

01/22/2009

Electronic Signature of Signing Officer or Director

Date