


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # P05000125943 1. Entity Name USA SPECIALTY FOODS INC	
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Principal Place of Business 10626 RAMBLEWOOD ROAD ORLANDO, FL 32837	Mailing Address 10626 RAMBLEWOOD ROAD ORLANDO, FL 32837
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02192008 No Chg-P CR2E034 (11/05)

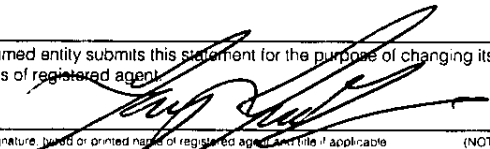
DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1755890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TROWBRIDGE, LARRY 10626 RAMBLEWOOD ROAD ORLANDO, FL 32837
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DO NOT WRITE IN THIS SPACE

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

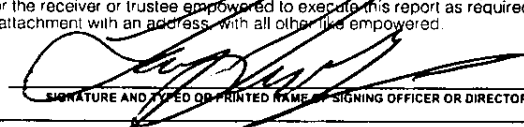
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TROWBRIDGE, LARRY 10626 RAMBLEWOOD ROAD ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ANUTARAKUL, UNKNA 10626 RAMBLEWOOD ROAD ORLANDO, FL 32837
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/19/08-80040-013 150.00

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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 titles empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____