

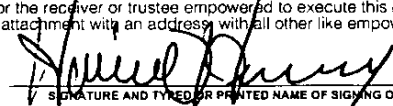


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000130484						FILED 07 OCT 12 PM 3:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name H & M CARIBBEAN FOOD, INC.				Principal Place of Business 2720 HIAWASSEE RD ORLANDO, FL 32818			
Mailing Address 7694 COUNTRY RUN PARKWAY ORLANDO, FL 32818							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State		10042007 Chg-P CR2E034 (12/06)		4. FEI Number 20-3531430	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HENRY, HERVIN L 2055 CASABA COVE AVE. OCOEE, FL 34761				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME HENRY, HERVIN L STREET ADDRESS 2055 CASABA COVE AVE CITY-ST-ZIP OCOEE, FL 34761				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 400110941214 STREET ADDRESS 10/18/07--01015--005 **\$61.25 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME VP STREET ADDRESS HENRY, MADELINE CITY-ST-ZIP 2055 CASABA COVE OCOEE, FL 34761				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Secretary/Treasurer STREET ADDRESS Zenith F. Coombs CITY-ST-ZIP 7694 Country Run Parkway Orlando, FL 32818			
TITLE <input type="checkbox"/> Delete NAME \$10/15 STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VP STREET ADDRESS Roslyn Foster CITY-ST-ZIP 4060 Seton Ave Bronx, NY 10469			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date 10/11/07 Daytime Phone # 407-822-5425			