2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065465

Entity Name: TAVARES FOODS, INC

City-St-Zip:

LAKE MARY, FL 32746

FILED Jan 21, 2009 Secretary of State

| Littly Nai | IIIE. TAVAREST | OODS, INC | | | |
|---|--|--------------------------------|---|--|--|
| Current P | rincipal Place o | f Business: | New Principal Place o | New Principal Place of Business: | |
| | FRED ST. , FL 32778 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | LFRED ST. , FL 32778 | | | | |
| FEI Number: | : 20-4862201 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| | AD, ASIF .FRED ST. , FL 32778 U | 8 | | | |
| | named entity sul e of Florida. | omits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electronic | Signature of Registered Age | ent | Date | |
| Election Car | npaign Financing T | rust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PTD () DO AHMED, GOLAM 3121 FOX GLOVE LAKE MARY, FL | LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD () DO NASIM, MIRZA A 4216 WALTHAM F TAVARES, FL 32 | OREST DR. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | SD () DO SULTANA, NASIM 2764 FALCON CR | 4 | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: GOLAM AHMED PRS 01/21/2009