

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112191

FILED  
Feb 19, 2007  
Secretary of State

Entity Name: FOAD-CHART INCORPORATED

## Current Principal Place of Business:

4692 NW 69 AVE.  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

4692 NW 69 AVE.  
MIAMI, FL 33166

## New Mailing Address:

FEI Number: 65-1289565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDEZ, JUAN M  
4692 NW 69 AVE.  
MIAMI, FL 33166 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: PD ( ) Delete  
Name: HERNANDEZ, JUAN M  
Address: 4692 NW 69 AVE.  
City-St-Zip: MIAMI, FL 33166

Title: SD ( ) Delete  
Name: CAMPUZANO, ORQUIDEA  
Address: 4692 NW 69 AVE.  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: HERNANDEZ, ORQUIDEA  
Address: 4692 NW 69 AVE.  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN HERNANDEZ

PD

02/19/2007

Electronic Signature of Signing Officer or Director

Date