2008 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # P06000117911**

1. Entity Name O.G. FOOD SERVICES, INC



Principal Place of Business

- No. 2 3

10050 SW 146TH CT MIAMI, FL 33186-2915 Mailing Address

10050 SW 146TH CT MIAMI, FL 33186-2915

FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90129 031 ***150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number	Applied For
20-5541668	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

Fee Required

GAETA, OSVALDO F 10050 SW 146TH CT MIAMI, FL 33186-2915

SIGNATURE:

SIGNATURE AND

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
		(100					
		Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAETA, OSVALDO F 10050 SW 146TH CT MIAMI, FL 331862915						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP	-			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with his 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 truetge exposered to feed 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, that are given by the empowered.							

NAME OF SIGNING OFFICER OR DIRECTOR