



FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90062.021 ***150.00

DOCUMENT # P06000119576				04-23-2007 90062 021 ***150.00	
1. Entity Name THAORO FINE FOODS CORP.					
Principal Place of Business 14361 SW 120TH ST UNIT 3&4 MIAMI, FL 33186		Mailing Address 14361 SW 120TH ST UNIT 3&4 MIAMI, FL 33186		4000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-5688378	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, ROYLE P 14361 SW 120TH ST UNIT 3&4 MIAMI, FL 33186				7. Name and Address of New Registered Agent	
				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PSD SANCHEZ, ROYLE P 14361 SW 120TH ST - UNIT 3&4 MIAMI, FL 33186 <input type="checkbox"/> Delete			VPSD AZPILCUETA, MARIA R 14361 SW 120TH ST UNIT 3-4 MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
VPTD AZPILCUETA, MARIA R 14361 SW 120TH ST - UNIT 3&4 MIAMI, FL 33186 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 like empowered.					
SIGNATURE: <u>Maria R Azpilcueta</u> 4/17/07 (786) 512 4211					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					