

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90057 032 \*\*\*150.00

40001740



01092007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000127777</b> 1. Entity Name <b>SOURCE FOODS INTERNATIONAL, INC.</b>																																																																																																																																			
Principal Place of Business <b>2211 NW 30TH PLACE POMPANO BEACH, FL 33069</b>			Mailing Address <b>2211 NW 30TH PLACE POMPANO BEACH, FL 33069</b>																																																																																																																																
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State																																																																																																																																	
Zip	Country	Zip	Country																																																																																																																																
6. Name and Address of Current Registered Agent  <b>RUIZ, DAVID J JR. 18455 MIRAMAR PARKWAY SUITE # 700 MIRAMAR, FL 33029</b>				7. Name and Address of New Registered Agent Name <b>RUIZ, JR. DAVID J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2211 N.W. 30th Place</b> City <b>POMPANO BEACH</b> FL <b>33069</b>																																																																																																																															
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) Signature, typed or printed name of registered agent and title if applicable.																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PDMP</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PDMP</td> <td style="width: 20%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">RUIZ, DAVID J JR.</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">RUIZ, JR. 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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:  President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			
Date <b>1/10/07</b> Daytime Phone # <b>954-960-1010</b>																																																																																																																																			