

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000144825

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** CASCADE FOOD INGREDIENTS, INC.

**Current Principal Place of Business:**

1652 PARRILLA CIRCLE  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

1652 PARRILLA CIRCLE  
TRINITY, FL 34655 US

**New Mailing Address:**

**FEI Number:** 20-5999044      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SWINFORD, DAVID  
1617 PARRILLA CIRCLE  
TRINITY, FL 34655 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  
**Name:** SOLLAZZO, JACK PRES.  
**Address:** 1652 PARILLA CIRCLE  
**City-St-Zip:** TRINITY, FL 34655 US

**Title:** DIR  
**Name:** SOLLAZZO, NANCY DIRECTO  
**Address:** 1652 PARILLA CIRCLE  
**City-St-Zip:** TRINITY, FL 34655

I hereby 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 all other like empowered.

**SIGNATURE:** JACK SOLLAZZO

PRES

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date