2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146649

Address:

City-St-Zip:

Entity Name: LATIN EXPRESS FOOD DISTRIBUTORS CORP.

FILED May 05, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
: : =	1349 SOUTH ORANGE BLOSSOM TRAIL			11349 SOUTH ORANGE BLOSSOM TRAIL				
110 ORLANDO), FL 32839	US		B102 ORLANDO	, FL 32837	US		
Current Mailing Address:				New Mailing Address:				
11349 SOUTH ORANGE BLOSSOM TRAIL				11349 SOUTH ORANGE BLOSSOM TRAIL				
110 ORLANDO	NDO, FL 32837 US			B102 ORLANDO	, FL 32837	US	US	
FEI Number:	: 42-1720025	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate	of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
4924 EAG 320	RAUL A SR. LESMERE DR D, FL 32812 U							
	named entity : e of Florida.	submits this statement for the	purpose o	of changing it	ts registered	d office or regi	istered agent, or both,	
SIGNATU	RE:							
Electronic Signature of Registered Agent				Date				
		3(2)(b), F.S., the corporation did r	not receive t	the prior notice	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VP () BAYONA, JULIO 1 BISCAYNE D ATLANTA, GA	R. NW		Title: Name: Address: City-St-Zip:		() Change ()	Addition	
Title: Name: Address: City-St-Zip:	FRANCO, RAU	MERE DR. APT. 320		Title: Name: Address: City-St-Zip:		(X) Change(). AUL A ESMERE DR. AP FL 32819 US		
Title: Name:) Delete		Title: Name:	S MARTINEZ,	() Change (X). NESTOR	Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

4924 EAGLESMERE DR. APT. 320

ORLANDO, FL 32819 US

SIGNATURE: RAUL A FRANCO P 05/05/2009