2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 14, 2008
Secretary of State

DOCUMENT# P07000078277

Entity Name: CONTINENTAL FOOD U.S.A., INC.

Current Principal Place of Business:

648 NW 133 DRIVE
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

648 NW 133 DRIVE
PLANTATION, FL 33325

New Mailing Address:

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

Name and Address of Current Registered Agent:

TRECO, MONIQUE
648 NW 133 DRIVE
PLANTATION, FL 33325 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: MONIQUE TRECO

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PTS	( ) Delete
Name:	TRECO, MONIQUE	
Address:	648 NW 133 DRIVE	
City-St-Zip:	PLANTATION, FL 33325	
Title:	VP	( ) Delete
Name:	TRECO, PATRICK E	
Address:	648 NW 133 DRIVE	
City-St-Zip:	PLANTATION, FL 33325	
Title:	D	( ) Delete
Name:	TRECO, PATRICK E.H.	
Address:	648 NW 133 DRIVE	
City-St-Zip:	PLANTATION, FL 33325	
Title:	D	( ) Delete
Name:	TRECO, CHRISTOPHER	
Address:	648 NW 133 DRIVE	
City-St-Zip:	PLANTATION, FL 33325	
Title:	D	( ) Delete
Name:	STEVENSON, LINLY H	
Address:	648 NW 133 DRIVE	
City-St-Zip:	PLANTATION, FL 33325	
Title:	D	( ) Delete
Name:	STEVENSON, DONAHUE B	
Address:	648 NW 133 DRIVE	
City-St-Zip:	PLANTATION, FL 33325	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: MONIQUE TRECO PST 12/14/2008

Electronic Signature of Signing Officer or Director — Date