## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000108034

Entity Name: LATINO FOODS INC

FILED Apr 29, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

5045 WILES RD 5051 WILES RD 204

108

COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073

**Current Mailing Address: New Mailing Address:** 

5045 WILES RD 5051 WILES RD

204

COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073

FEI Number: 26-1164948 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

OLIVEIRA, UMBERTO E OLIVEIRA, UMBERTO E 5045 WILÉS RD 5051 WILES RD

108 204

COCONUT CREEK, FL 33073 US COCONUT CREEK, FL 33073 US

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: UMBERTO E OLIVEIRA 04/29/2009

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete Title: PDS (X) Change ( ) Addition

OLIVEIRA, UMBERTO E OLIVEIRA, UMBERTO E Name: Name: 5045 WILES RD #108 5051 WILES RD #204 Address: Address: City-St-Zip: COCONUT CREEK,, FL 33073 City-St-Zip: COCONUT CREEK,, FL 33073

Title: () Delete Title: **VPDT** ( ) Change (X) Addition

Name: Name: MATOS, ILVO R Address: Address: 2750 NW 44TH ST #514 OAKLAND PARK, FL 33309 City-St-Zip: 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: UMBERTO E OLIVEIRA **PDS** 04/29/2009