

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066821

FILED
Mar 16, 2009
Secretary of State

Entity Name: RICOSITAS FOOD SERVICES INC

Current Principal Place of Business:

2120 ABERCORN CT
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

2120 ABERCORN CT
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 26-2981557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

3100 INCOME TAX PREPARATION SERVICE INC
103 E LANCASTER RD
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

OVIEDO FINANCIAL SERVICES INC
1693 W BROADWAY STREET
SUITE 3000
OVIEDO, FL 32765 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: MIRIAM TORRES ACEVEDO

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAZAR, JOHN
Address: 2120 ABERCORN CT
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP (X) Delete
Name: ZULUAGA, JULIAN
Address: 9425 FLOWERING COTTONWOOD RD
City-St-Zip: ORLANDO, FL 32832 US

Title: T (X) Delete
Name: MENDOZA, NATHALIA
Address: 9425 FLOWERING COTTONWOOD RD
City-St-Zip: ORLANDO, FL 32832 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SALAZAR, JOHN
Address: 2120 ABERCORN CT
City-St-Zip: CASSELBERRY, FL 32707 US

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: JOHN SALAZAR

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date