

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074699

FILED
Feb 28, 2009
Secretary of State

Entity Name: FLORIDA FLAVORS AND CONCENTRATES, INC.

Current Principal Place of Business:

205 SEDONA WAY
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

9121 N. MILITARY TRAIL
#222
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

205 SEDONA WAY
PALM BEACH GARDENS, FL 33418

New Mailing Address:

9121 N. MILITARY TRAIL
#222
PALM BEACH GARDENS, FL 33410

FEI Number: 26-3504655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIERI, GINA
205 SEDONA WAY
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

LENZ, DAVID R CPA
9121 N. MILITARY TRAIL
#222
PALM BEACH GARDENS, FL 33410 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: DAVID R. LENZ

02/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BRUEHMULLER, CLAUDIO
Address: AV.AFONSO PENA, 3504 SAIA CENTRO
City-St-Zip: CAMPO GRANDE MS 79002-075, OC

Title: CS () Delete
Name: LEMOINE, DOMINIQUE M
Address: 115 PERIMETER CENTER PLACE, STE 495
City-St-Zip: ATLANTA, GA 30346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CS (X) Change () Addition
Name: CIERI, GINA M
Address: 205 SEDONA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: GINA M. CIERI

CS

02/28/2009

Electronic Signature of Signing Officer or Director

Date