

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083964

FILED
Jan 23, 2009
Secretary of State

Entity Name: SMART BITES TO GO INC

Current Principal Place of Business:

2231 W 80 ST
SUITE #1
HIALEAH, FL 33016

New Principal Place of Business:

1837 SW 49TH LN
CAPE CORAL, FL 33914 LE

Current Mailing Address:

2231 W 80 ST
SUITE #1
HIALEAH, FL 33016

New Mailing Address:

1837 SW 49TH LN
CAPE CORAL, FL 33914 LE

FEI Number: 26-3332815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LTAIF, WILLIAM F
2231 W 80 ST
SUITE #1
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

ESPAILLAT, LEOPOLDO
1837 SW 49TH LN
CAPE CORAL, FL 33914 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: LEOPOLDO ESPAILLAT

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LTAIF, WILLIAM F
Address: 2231 W 80 ST
City-St-Zip: HIALEAH, FL 33016

Title: T (X) Delete
Name: ESPAILLAT, LEOPOLDO
Address: 1837 SW 49 LANE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESPAILLAT, LEOPOLDO
Address: 1837 SW 49TH LN
City-St-Zip: CAPE CORAL, FL 33914 LE

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: LEOPOLDO ESPILLAT

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date