


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

05 JUL 20 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P92000010065				
1. Entity Name QZINA SPECIALTY FOODS, INC.				
Principal Place of Business 1726 WEST ATLANTIC BLVD POMPANO BEACH, FL 33069 US		Mailing Address 1726 WEST ATLANTIC BLVD POMPANO BEACH, FL 33069 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0373645
5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name <u>Robert Shearer</u> Street Address (P.O. Box Number is Not Acceptable) <u>1726 W. Atlantic Blvd</u> City <u>Pompano Beach</u> FL Zip Code <u>33069</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> <u>Robert Shearer</u> <u>July 1, 2005</u> <small>Signature typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE</small>				
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees - in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, RICHARD		NAME	
STREET ADDRESS	1726 WEST ATLANTIC BLVD		STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH, FL 33069		CITY - ST - ZIP	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, ELENA		NAME	
STREET ADDRESS	14864 HAMMERSMITH WAY		STREET ADDRESS	
CITY - ST - ZIP	RICHMOND BRITISH COLUMBIA, V7A 5E5		CITY - ST - ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANINO, TONY		NAME	
STREET ADDRESS	1726 WEST ATLANTIC BLVD		STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH, FL 33069		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u>[Signature]</u> <u>Robert Shearer</u>		<u>July 1, 2005</u> <u>954-590-9000</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		



07012005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0373645 Applied For Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required.

\$5.00 May Be Added to Fees

7/5/05 90117 044 \$150.00