

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90019 032 ***150.00

DOCUMENT # P93000043595

1. Entity Name
VINNY FOOD, INC.



Principal Place of Business
**1537 SHADY OAK DRIVE
KISSIMMEE, FL 34744**

Mailing Address
**1537 SHADY OAK DRIVE
KISSIMMEE, FL 34744**



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3190095

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAPADIA, ANIL
1537 SHADY OAK DR.
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPADIA, ANIL S 1537 SHADY OAK DRIVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAPADIA, INDU S 1537 SHADY OAK DRIVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAPADIA, NILKANTH 1537 SHADY OAK DRIVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/04

933-5350