

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000047388

1. Entity Name  
AMIT FOOD, INC.



Principal Place of Business

1537 SHADY OAK DRIVE  
KISSIMMEE, FL 34744

Mailing Address

1537 SHADY OAK DRIVE  
KISSIMMEE, FL 34744

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3191409

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KAPADIA, ANIL  
1537 SHADY OAK DRIVE  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000759308  
05/24/07-80037-009 150.00

**10. OFFICERS AND DIRECTORS**

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

TITLE STVD  
NAME KAPADIA, NILKANTH  
STREET ADDRESS 1537 SHADY OAK DRIVE  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 exemptions contained 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 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

ANIL KAPADIA 04/25/07

Date

Daytime Phone #

407-859-  
7600