


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90699 019 ***300.00

DOCUMENT # *P93 0000 70494*

1. Entity Name
The Salad Werks, Inc.
d/b/a Porky's Last Stand



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
701 Bald Eagle Dr
Suite, Apt #, etc.

3. Mailing Address
950 N. Collier Blvd.
Suite, Apt. #, etc.
Suite 414

DO NOT WRITE IN THIS SPACE

City & State
Marco Island, FL

City & State
Marco Island, FL

Zip
34145-2745

Country
USA

Zip
34145-6642

Country
USA

4. FEI Number 65-0455654

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Carmignani, A. Wayne

Street Address (P.O. Box Number is Not Acceptable)
41 E. Pelican Street

City Isles of Capri FL Zip Code 34113

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	PS Carmignani, Angelo B. 5802 Glencove Drive, #308 Naples, FL 33963	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT Carmignani, A Wayne 41 E. Pelican Street Isles of Capri, FL 34113	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/27/04*

Daytime Phone # *630 830 3100*


CR2E034B (12/02)

Attachment 521050563

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9300070494

1. Entity Name
Randolph Packing, Co.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
275 Roma Jean Pkwy
Suite, Apt. #, etc.

3. Mailing Address
275 Roma Jean Pkwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Streamwood, IL

City & State
Streamwood, IL

Zip
60107

Country
USA

4. FEI Number
36-2742176

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Carmignani, A. Wayne

Street Address (P.O. Box Number is Not Acceptable)
41 E. Pelican Street

City
Isles of Capri FL Zip Code
34113

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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10. OFFICERS AND DIRECTORS			
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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 of or an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/27/04 620830300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)