


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000008521</b> 1. Entity Name A & E FOODS, INC.	
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Principal Place of Business 201 S RIDGEWOOD AVE., #12 #12 EDGEWATER, FL 32141 US	Mailing Address 201 S RIDGEWOOD AVE., #12 #12 EDGEWATER, FL 32141 US
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03132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3227939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  AFFRONTI, ANTHONY A 201 SOUTH RIDGEWOOD AVENUE #12 EDGEWATER, FL 32141
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**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 one if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	P STRONG, DAVID A 776 SUGAR CANE LANE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AFFRONTI, ANTHONY A SR 323 MARINA VIEW LANE WEBSTER, NY 14580
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST AFFRONTI, MARY A 323 MARINA VIEW LANE WEBSTER, NY 14580
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000470353  
03/28/06-80011-001 150.00

**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 an officer like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2006 (306)427-8699  
Date Daytime Phone #