2007 FOR PROFIT CORPORATION

## **FILED** Apr 13, 2007 8:00 am Secretary of State 03-30-2007 90141 044 \*\*\*150.00 - 1023/1020 AD 1000 STAN BANK CENT EATH ACAD SAND 12/10 12/10 AD 10/10 AD 10/10 1st MOORE CR2E034 (10/06) Applied For Not Applicable \$8.75 Additional Fee Required Zip Code CATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Change ☐ Addition Change Addition ☐ Change ☐ Addition ☐ Change Maddilion Channe Addition

## ANNUAL REPORT (AR)

DOCUMENT # P94000068931

NADA FOOD CORPORATION Principal Place of Business Mailing Address 744 SW 8TH AVE HOMESTEAD FL 33030 744 SW 8TH AVE HOMESTEAD FL 33030 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0520820 City & State City & State Ζip Country 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAYMEN, FATMEH A Street Address (P.O. Box Number is Not Acceptable) 744 SW 8TH AVE **HOMESTEAD FL 33030-6952** City 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sgnwive, typed or printed lumine of negatived agent and title if applicable (NOTE Registere) Agent segreture required when reinstance) FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, HILF ☐ Defete tites DAYEM, FATMEH A NAM NAMI 744 SW 8TH AVE STREET ADDRESS SIPLE LADDIESS HOMESTEAD FL 33033 CHY ST 70 CITY ST ZIP mu ☐ Celele THILE NAME NAM STREET ADDRESS STREET ADDRESS CHY-SE-20P CHY-SI-ZIP ☐ Delete HIII NAME NAM STREET ADDRESS STREET ADDRESS CHY ST-709 CHY SI /IP IFILE ☐ Delete 1004 NAMI NAME STREET ADDRESS STRUET ADDRESS CITY ST-719 CITY SE ZIP mn ☐ Detete 100 NAMI NAM STREET ADDRESS STREET ADDRESS CHY SLZIP CITY SI-ZIP 10701 Delete mir ☐ Change Addition NAMI. NAMI STOLET ADDRESS STREET ADORESS 12. I hereby certify that the information supplied with this fitting does not qualify for the examplions contained in Section 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 logal offect as it made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered. SIGNATURE: \_ Date Covern Parent