2006 FOR PROFIT CORPORATION

FILED Apr 05, 2006 08:00 AM

ANNUAL REPORT				Secretary of State			
1. Entity Name	MENT # P9400071 THA HEALTH FOOD, INC.					ary or S	
Principal Place 10676 FOUNT MIAMI, FL 33	AINBLEAU BOULEVARD	Mailing Address 10676 FOUNTAINBLEAU BOU MIAMI, FL 33172	LEVARD	/ARD			
D	O NOT WRITE		CE	1	No Chg-P	CR2E034 (11/05	Applied For Not Applicable
10676 FOU MIAMI, FL	6. Name and Address of Current A. ROBERTO NTAINBLEAU BOULEVARD 33172 named entity submits this statement to ons of registered agent.	red office or registe	IN TH	IOT WE	ACE	h, and accept	
SIGNATURE	Signature, typed or primed name of registered agent		ed Agent signature require	s when reinstating)		DATE	
Filt After Ma	NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550.	9. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees			
10. OFFICERS AND DIRECTORS TITLE PD NAML CAMACHO, EDGAR E STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE HAME			U00000432374 04/13/06-80063-010 150.0				
STREET ADDRESS CITY-ST-ZIP (ITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE TABLE			DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 it 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edgar Cámacho

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