


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90040 007 ***150.00

DOCUMENT # P94000085816			
1. Entity Name INGREDIENT SUPPLY CORPORATION			
Principal Place of Business 5701 DOGWOOD DR ORLANDO, FL 32807 US		Mailing Address 5701 DOGWOOD DR ORLANDO, FL 32807 US	
2. Principal Place of Business - No P.O. Box # 3191 Coral Way		3. Mailing Address	
Suite, Apt. #, etc. Suite #634		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33145	Country USA	Zip	Country
6. Name and Address of Current Registered Agent VAN HEEL, ALBERTO 5701 DOGWOOD DR ORLANDO, FL 32807		4. FEI Number 59-3297087	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		03082008 Chg-P CR2E034 (12/06)	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN HEEL, ALBERTO 5701 DOGWOOD DR ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Alberto Vanheel</u>		Date: <u>3/8/08</u> Daytime Phone #: <u>407-281-0227</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	