2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037186

Entity Name: VARIETY FOODS, INC.

City-St-Zip:

FORT LAUDERDALE, FL 33308

FILED Feb 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5180 NW 12 AVE FT. LAUDERDALE, FL 33309 LIS **Current Mailing Address: New Mailing Address:** 5180 NW 12 AVE FT. LAUDERDALE, FL 33309 US FEI Number: 65-0630794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GENDICS, CHERYL 4020 GALT OCEAN DRIVE #810 FORT LAUDERDALE, FL 33308 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition RALEY, LOUIS A RALEY, LOUIS A Name: Name: 3750 N.E. 4TH AVE. 3600 N.E. 4TH AVE. Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33334 City-St-Zip: FT. LAUDERDALE, FL 33334 Title: Title: () Delete () Change () Addition Name: MIDYETTE, EUGENE Name: 5180 N.W. 12 AVE. Address: Address: FORT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MROCZKOWSKI, EUGENE Name: Name: 6110 HARDING STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: () Delete Title: () Change () Addition GENDICS, CHERYL Name: Name: 4020 GALT OCEAN DRIVE #810 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHERYL GENDICS V 02/02/2007