


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000053075 1. Entity Name AMERIFOODS TRADING COMPANY	
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Principal Place of Business 600 CITADEL DR LOS ANGELES, CA 90040 US	Mailing Address 600 CITADEL DR COMMERCE, CA 90040 US
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01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0610880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	DPCE SNOLLAERTS, ETIENNE 600 CITADEL DR COMMERCE, FL 90040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVCF PHEGLEY, RICHARD N 600 CITADEL DR COMMERCE, CA 90040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SSVP ALVARADO, DONALD G PO BOX 2377 GMF N/A LOS ANGELES, CA 900510877
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SWAIN, RAYMOND 600 CITADEL DR. COMMERCE, CA 90040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELOLMO, ANDRE 600 CITADEL DR. COMMERCE, CA 90040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPC LINK, RICHARD 600 CITADEL DR. COMMERCE, CA 90040

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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:  **2-17-06** **323-869-7699**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #