2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 06, 2007 8:00 am Secretary of State 03-06-2007 90005 011 ***150.00 DOCUMENT # P95000053075 AMERIFOODS TRADING COMPANY 40030040 Principal Place of Business Mailing Address **600 CITADEL DR** 600 CITADEL DR LOS ANGELES, CA 90040 COMMERCE, CA 90040 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 CR2E034 (12/06) Cha-P City & State 4. FEI Number Applied For City & State 65-0610880 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLAND RD PLANTATION, FL 33324 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registure: Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPCE TITLE ☐ Defete TITLE ☐ Change NAME SNOLLAERTS, ETIENNE NAME 600 CITADEL DR STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP COMMERCE, FL 90040 CITY-S1-ZIP SVCF TITLE ☐ Delete TITLE Director, SCN.P. CFO X Change Addition NAME PHEGLEY, RICHARD N NAME. STREET ADDRESS 600 CITADEL DR STREET ADDRESS COMMERCE, CA 90040 CHIY-SI-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change Addition ALVARADO, DONALD G NAME NAME STREET ADDRESS PO BOX 2377 GMF N/A STREET ADDRESS CITY-S1-ZIP LOS ANGELES, CA 900510877 CITY-ST-ZIP THEF ☐ Delete THLE Change ☐ Addition SWAIN, RAYMOND NAME NAME STREET ADDRESS 600 CITADEL DR. STREET ADDRESS COMMERCE, CA 90040 CITY-ST-ZIP CITY-ST-ZIP TITLE D Director Delete TITLE ☐ Change Addition Horley Nora 600 Citadel Or. NAME DELOLMO, ANDRE NAME STREET ADDRESS 600 CITADEL DR. STREET ADDRESS CHY-ST-ZIP COMMERCE, CA 90040 CITY-ST-ZIP TITLE **VPC** ☐ Delete TITLE Change Addition LINK, RICHARD NAME NAME 600 CITADEL DR. STREET ADDRESS STREET ADDRESS CITY-ST-Z#P COMMERCE, CA 90040 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 if made under oath; that I am an officer or director of the corporation or the receiver or trustee impowed to execute this report of the corporation or the receiver or trustee impowed to execute this report. See required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with any affices, the first proposed.

RINTED MAME OF SIGNING OFFICER OR DIRECTOR

FILED

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