2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Apr 25, 2005 08:00 A DOCUMENT # P95000092262 **Secretary of State** 1. Entity Name B & L FOODS, INC. Principal Place of Business Mailing Address 1887 W HILLSBORO BLVD DEERFIELD BEACH FL 33442 1887 W HILLSBORO BLVD DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0629867 Not Applicable Zip Country \$8.75 Additional Zıp Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, BRUCE 1887 W. HILLSBORO BLVD Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33442 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete 11111 Tuller COHEN, BRUCE NAME U000000330345 STREET ADDRESS 1887 W. HILLSBORO BLVD STREET ADDRESS 04/25/05-80151-010 150.00 CITY-ST-ZIP DEERFIELD BEACH FL CITY ST.ZIP Change Addition ☐ Delete Hills THE NAME A A A A I STREET ADDRESS STREET ADDRESS CITY-ST ZIF CITY ST ZIP Change Addition TORE ☐ Delete SHE NAME STREET ADDRESS STHEFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THUE ☐ Delete λAME NAME STREET ADDRESS STREET ADDRESS City-St- NP CITY-ST-ZIP Сhange ☐ Addition THE Detete THILE NAME NATA STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY ST ZIP Addition | Delete ittle HE NAME MALLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STHEET ADDRESS

CITY - ST - ZIP

CIRLLI ADDRESS

CHY-S1-719

APRIL 21-2005