2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016948

FILED Feb 19, 2005 Secretary of State

Entity Name: RONIES FOOD, INC. **Current Principal Place of Business: New Principal Place of Business:** 67 PREAKNESS PLAZA ORANGE PARK, FL 320735828 **Current Mailing Address: New Mailing Address:** 67 PREAKNESS PLAZA ORANGE PARK, FL 320735828 FEI Number: 59-3384688 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: ELIAS, LUCY ELIAS, LUCY 67 PRÉAKNESS DR. 67 PREAKNESS PLAZA ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 US 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: LUCY ELIAS 02/19/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ELIAS, GEORGE Name: Name: 67 PREAKNESS PLAZA Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: VΡ Title: VΡ () Delete (X) Change () Addition ELIAS, LUCY ELIAS, LUCY Name: Name: 67 PREAKNESS PLAZA Address: 67 PREAKNESS PLAZA Address: ORANGE PARK, FL 32073 ORANGE, PA 32073 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: GEORGE ELIAS P 02/19/2005