2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P96000046905

Entity Name: MOH'S FOOD COMPANY, INC.

Current Principal Place of Business:

3989 S.W. 141 AVE.
DAVIE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

3989 S.W. 141 AVE.
DAVIE, FL 33330 US

New Mailing Address:

FEI Number: 65-0675437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOH, SALLY
3989 SW 141 AVE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: WILLIAM MOH,
Address: 3989 SW 141 AVE
City-St-Zip: DAVIE, FL 33330

Title: VPST ( ) Delete
Name: MOH, SALLY
Address: 3989 SW 141 AV
City-St-Zip: DAVIE, FL 33330

Title: T (X) Delete
Name: MOH, MICHAEL
Address: 4305 NW 179 WAY
City-St-Zip: MIRAMAR, FL 33029

Title: S (X) Delete
Name: MOH, GEORGE
Address: 3989 S.W. 141 AVE.
City-St-Zip: DAVIE, FL 33330 US

Title: S (X) Delete
Name: MOH, JOHN
Address: 3989 S.W. 141 AVE.
City-St-Zip: DAVIE, FL 33330 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: SALLY MOH VP 02/25/2009

Electronic Signature of Signing Officer or Director Date