

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90184 016 \*\*\*150.00

<b>DOCUMENT # P97000038033</b> 1. Entity Name <b>DALUFE FOOD DISTRIBUTOR, INC.</b>					
Principal Place of Business <b>2246 W 89th ST</b> <b># 2</b> <b>HIALEAH, FL 33016 US</b>			Mailing Address <b>PO BOX 171714</b> <b>MIAMI, FL 33017-1714 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2246 W 80 ST.</b> Suite, Apt. #, etc. <b>#2</b>		3. Mailing Address <b>2246 W 80 ST.</b> Suite, Apt. #, etc. <b>#2</b>			
City & State <b>HIALEAH FL.</b> Zip <b>33016</b> Country <b>USA</b>		City & State <b>HIALEAH FL.</b> Zip <b>33016</b> Country <b>USA</b>		4. FEI Number <b>65-0748781</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GOMEZ, JAIRO</b> <b>8220 NW 199 TERR</b> <b>MIAMI, FL 33015</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST</b> <b>GOMEZ, JAIRO</b> <b>2246 W 89th ST</b> <b>HIALEAH, FL 33016</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GOMEZ, JAIRO</b> <b>2246 W 89th ST</b> <b>HIALEAH, FL 33016</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>JAIRO GOMEZ</b> 04-23-07 305-8288910 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					