2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038033

GOMEZ, DAVIÓ

2246 W 80 ST #2

HIALEAH, FL 33016

Name:

Address:

City-St-Zip:

Entity Name: DALLIFE FOOD DISTRIBUTOR INC

FILED May 30, 2009 Secretary of State

Entity Nan	ne: DALUF	E FOOD DISTRIBUTOR, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2246 W 80 # 2 HIALEAH, F		US			
Current Mailing Address:			New Mailing Address:		
2246 W 80 # 2 HIALEAH, I		US			
FEI Number:	65-0748781	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GOMEZ, MARIA T 3831 SW 160 ST 202 MIAMI, FL 33027 US			GOMEZ, MARIA T 359 SW 164 AVE PEMBROKE PINES, FL	33027 US	
The above in the State		y submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JAIRO GOMEZ				05/30/2009	
	Electro	onic Signature of Registered Agen	t	Date	
		193(2)(b), F.S., the corporation did not in ing Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT (GOMEZ, MAR 2246 W 80 S HIALEAH, FL	T #2	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	V (GOMEZ, JAIF 2246 W 80 S HIALEAH, FL	T # 2	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title [.]	S (`) Delete	Title· () Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAIRO GOMEZ V 05/30/2009