## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

SUPER SNACKS HINC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**1998** DOCUMENT #
1. Corporation Name P97000063139 (4)

NAME CHANGED TO and Duma SNACKS TAK

**FILED** May 27 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	VALAS INC		
4100 N POWERLINE RD 4100 N POWERLINE RD					
UNIT U-2		UNIT U-2			
POMPANO BEACH FL 33073		POMPANO BEACH FL 33073		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
		i u		07/21/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0771001	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		Di Commodio di Statao Basinosi	Fee Required
City & State		City & State		Bection Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 ZID	Country	Trust Fund Contribution      This corporation owes or has paid the cu	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	L	1501	10. Name and Address of New Registered	
G	NLLESPIE, R. BOWEN		81 Name	(	
	515 S FEDERAL HWY		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	SUITE 300		L.I		
B	OCA RATON FL 33432		83		
			84 City		85 Zip Code
44 5	(0.70)	00		Fl	_
office or r	registered agent, or both, in the State	e of Horida, Such change was	s authorized by the corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the ap	pointment as registered
	en familiar with, and accept the obliq	pations et, Section 607.0505, I	Honda Statutes.	·	
SIGNATURE	Signature, typed or printed name of regularity ag	prot and teles diapole at h (N	OTE Bugistered Agent signature re-	guired when reinstating) DARE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	JENSEN, E. C.	. W	1.2 NAME		
STREET ADDRESS	4100 N POWERLINE RD UI		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 330		1.4 C/TY - \$1 - Z/P		Channa [] Addition
TITLE		L_J DELETE	2.1 THLE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3111116		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-7/P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	44 CITY-ST-ZIP 51 TITLE		Change Addition
NAME		L_ OCCUTE	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		-
CITY-ST-ZIP			5.4 CHY-S1 - ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 THLE		Change Addition
NAME			6.2 NAME	6000025387! -05/28/98010380	56 4/14
STREET ADDRESS			6.3 STREET ADORESS	-05/28/98010380	11 / V/2/
CITY-ST-ZIP			6 4 CITY - S1 - ZIP	***150 <b>.</b> 00	1 "

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attack ment with an address.

2/11/08