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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000037058

1. Corporation Name NITA FOOD, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90095 020 ***150.00



Principal Place of Business Mailing Address								
1		2018 S. CHICKASAW TR.						
ORLANDO FL 32825		ORLANDO FL 32825		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			1
					04/23/1998			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	1
21		26			57-3511486		Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75		1	
22		27		5. Certifcate of Status Desired	Fee Re	-		
City & State		City & State		6. Election Campaign Financing	\$5.00	vlav Be	1	
23		28			Trust Fund Contribution	Added t		
Zip	Country Zip		Coun	try	8. This corporation owes the current year	r Intangible		1
24	25 29		30		Personal Property Tax.	Yes	JNo	
	9. Name and Address of Curre	ni Registered Agent			10. Name and Address of New Register	rd Agent]
				Name				ļ
	ADIA, NILKANTH		ļ,	32 Street Add	Iress (P.O. Bo), Number is Not Acceptable)			}
	B S. CHICKASAW TR.		`	SE SUCCE AND	ness (1.0. box realised is real viceoptable)			
) ORL	ANDO FL 32825		1	33]
l			l.	N4 60b		105 75-6	Cada	-
			'	34 City	F	EL 85 Zip (Joue	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the abo	ove-named corp	poration submits this statement for the purpose	of changing its	egistered	1
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	e cf Florida. Such change was :	authorized (by the corporati	on's board of directors. I hereby accept the ap	pointment as reg	gistered	
	m tarriitar with, and accept the obliga	ations of, Section cor. 0505, 11.	nica Glatot	es.				
SIGNATUFE	Signature, typed or printed na ne of registered age	ent and title if applicable. (NOT	E: Registered A	gent signature require	ed when reinstating) DATE			=
12.		N() DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	FIS IN 12	ő
TITLE	PS	☐ DELETE	1.1 TITL	E		Change	Addition	1
NAME	Kapadia, anil		1.2 NAM	E				2
STREET ADDRESS	1537 SHADY OAK DR.		1.3 STR	EET ADDRESS				Í
CITY-ST-ZIP	KĪSSIMMEE FL 34744		1.4 CITY	-ST-ZIP] S
TITLE	VT	☐ DELETE	2.1 TITL	E		Change	Addition] (
NAME	KAPADIA, NILKANTH		2.2 NAM	E				
STREET ADDRESS	2018 S. CHICKASAW TR.		2.3 STR	EET ADDRESS				Ì
CITY-ST-ZIP	ORLANDO FL 32825		2. 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL			☐ Change	☐ Addition]
NAME			3.2 NAM	ε				
STREET ADDRE IS			3.3 STR	EET ADDRESS				1
CITY-ST-ZIP				r-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL			☐ Change	Addition	
NAME			4 2 NAM	1E				
STREET ADDRESS			4.3 STR	EET ADDRESS				ł
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL			Change	Addition	1
NAME			5.2 NAM			_	ļ	
STREET ADDRESS			5.3 STR	EET ADDRESS			ļ	
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL			☐ Change	Addition	1
NAME			62 NAM	E		-		
STREET ADDRESS			6.3 STR	EET ADDRESS				
				-ST-ZIP			ļ	
C/TY-ST-ZIP			J					1

14. I hereby 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 corrify 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 with all other like empowered.

SIGNATURE:

SIGNATU RE AND TYPED ON POINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99