2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040802

GALIARDO, ÀRTHUR

4810 DUNDEE DRIVE WEST

BRADENTON, FL 34210

Name:

Address:

City-St-Zip:

Entity Name: JUST ANOTHER FOOD PROJ

FILED Feb 23, 2009 Secretary of State

Entity Name: JUST ANOTHER FOOD BROKER, INC. **Current Principal Place of Business: New Principal Place of Business:** 10902 AUTUMN OAK PL TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 10902 AUTUMN OAK PLACE 10902 AUTUMN OAK PL TAMPA, FL 33618 TAMPA, FL 33618 FEI Number: 59-3514590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEWIS, JACK 10902 ÁUTUMN OAK PLACE TAMPA, FL 33618 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LEWIS, JACK Name: Name: 10902 AUTUMN OAK PLACE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: PS Title: () Delete () Change () Addition Name: LEWIS, MARY ANN Name: 10902 AUTUMN OAK PLACE Address: Address: TAMPA, FL 33618 City-St-Zip: City-St-Zip: Title: Title: () Delete VΡ (X) Change () Addition WOLLAM, LEE WOLLAM, LEE Name: Name: 12132 NW 24TH STREET 12132 N.W. 24TH STREET Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 Title: () Delete Title: VΡ (X) 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:

GALIARDO, ARTHUR

4810 DUNDEE DRIVE WEST

BRADENTON, FL 34210

SIGNATURE: JACK LEWIS D 02/23/2009