2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90098 002 ***150.00

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1. Entity Name
LATINFOOD NETWORK CORPORATION

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DR 927 MIAMI, FL 33126	5201 BLUE LAGOONDR 927 MIAMI, FL 33126

02242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
9586 N.W. 41 St.	9586 NW 41 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DORAL Fl.	City & State: DORAL Fl.
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number: 65-0906489 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEILL, ROBERTO A
5201 BLUE LAGOONDR.
927
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Roberto A. WEILL
Street Address (P.O. Box Number is Not Acceptable): 9586 N.W 41 St.
City: DORAL FL Zip Code: 33178

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: _____ April 6, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD WEILL, ROBERT A 5201 BLUE LAGOON DR SUITE 805 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAREY, JOHN 5201 BLUE LAGOON DR SUITE 805 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDBERG, RAY 5201 BLUE LAGOON DR SUITE 805 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINSKI, MEYER 5201 BLUE LAGOON DR SUITE 805 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKOL, MICHAEL 5201 BLUE LAGOON DR SUITE 805 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE CESPEDES, CARLOS 5201 BLUE LAGOON DR SUITE 805 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

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SIGNATURE: _____ April 6, 2006 477-8123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #