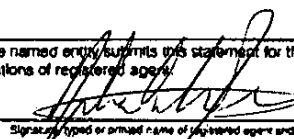
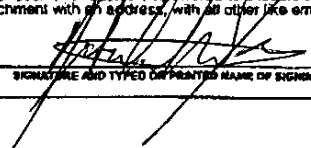


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90098 002 ***150.00

DOCUMENT # P98000080610			
1. Entity Name LATINFOOD NETWORK CORPORATION			
Principal Place of Business 5201 BLUE LAGOON DR 927 MIAMI, FL 33126		Mailing Address 5201 BLUE LAGOON DR 927 MIAMI, FL 33126	
2. Principal Place of Business 9586 N.W. 41st.		3. Mailing Address 9586 NW 41st.	
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 LAGOON DR. 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. 41st. 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 		DATE April 6, 2006	
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.			
SIGNATURE: 		DATE April 6, 2006 305 477-8123	
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR		Date	