

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000080610**

1. Entity Name  
**LATINFOOD NETWORK CORPORATION**



Principal Place of Business  
**9586 NW 41ST  
DORAL, FL 33178**

Mailing Address  
**9586 NW 41ST  
DORAL, FL 33178**



04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
9586 NW 41 ST  
DORAL, FL 33178**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
WEILL, ROBERT A  
5201 BLUE LAGOON DR SUITE 805  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CAREY, JOHN  
5201 BLUE LAGOON DR SUITE 805  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOLDBERG, RAY  
5201 BLUE LAGOON DR SUITE 805  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MINSKI, MEYER  
5201 BLUE LAGOON DR SUITE 805  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SKOL, MICHAEL  
5201 BLUE LAGOON DR SUITE 805  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DE CESPEDES, CARLOS  
5201 BLUE LAGOON DR SUITE 805  
MIAMI, FL 33126**

000000737396  
05/11/07-80026-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/07**

Date

**305  
477-8123**

Daytime Phone #