

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000002848		
1. Entity Name SUMIFOODS, CORP.		
Principal Place of Business 1688 CORAL WAY MIAMI, FL 33145	Mailing Address 1688 CORAL WAY MIAMI, FL 33145	



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0885363	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

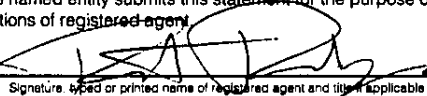
6. Name and Address of Current Registered Agent

**VARES TAX SERVICE
1688 SW 22ND STREET
CORAL GABLES, FL 33145**

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)

4/22/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

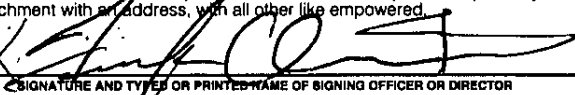
**U00000928813
05/21/08-80043-014 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINONES, FRANK 1688 SW 22ND STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS QUINONES, MIGUEL 1688 SW 22ND STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

4/22/08
Date

Date

Daytime Phone #