2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000068915

1. Entity Name
ROYAL FOOD CORP.

Principal Place of Business	Mailing Address
11330 NW 41ST STREET MIAMI, FL 33178	11330 NW 41ST STREET MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

03102006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0941427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANGELO, G.
8872 SW 24 STREET
MIAMI, FL 33165

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, 2006 Fee will be $550.00

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

U00000565101
05/20/06-80108-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, ANGELO G
STREET ADDRESS	8830 SUNRISE PL.
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	VP
NAME	RODRIGUEZ, YANILET
STREET ADDRESS	8830 SUNRISE PL.
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Samuel Arteaga_   03/20/06   305-468903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #