## 2008 FOR PROFIT CORPORATION

changed, or on an attachmen

SIGNATURE:

**FILED** ANNUAL REPORT May 02, 2008 08:00 AN Secretary of State DOCUMENT # P99000068915 1. Entity Name **ROYAL FOOD CORP** Principal Place of Business Mailing Address 11330 NW 41ST STREET 11330 NW 41ST STREET MIAMI, FL 33178 MIAMI, FL 33178 No Chg-P CR2E034 (11/05) 04172008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0941427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANGELO, G. DO NOT WRITE 8872 SW 24 STREET MIAMI, FL 33165 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TILLE RODRIGUEZ, ANGELO G NAME STREET ADORESS 6830 SUNRISE PL. CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME RODRIGUEZ, YANILET 6830 SUNRISE PL. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 it made under oath; that I am an officer or director of the corporation or the receiver or truster empowered to effect the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied

Davithe Phone #