


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT 19 AM 8:02.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000084824</b> 1. Entity Name <b>THE BEST LATIN FOOD, CORP.</b>					
Principal Place of Business <b>622 N.E. 8TH STREET HALLANDALE, FL 33009</b>			Mailing Address <b>622 N.E. 8TH STREET HALLANDALE, FL 33009</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>65-0951851</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VELARDE, ERIKA C 622 N.E. 8TH STREET HALLANDALE, FL 33009</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstalling)      DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VELARDE, ERIKA C</b> <b>622 N.E. 8TH STREET</b> <b>HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>URINA, RUBY I</b> <b>622 N.E. 8 STREET</b> <b>HALLANDALE, FL 33009</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GUERRERO, LORENA I</b> <b>622 NE 8TH STREET</b> <b>HALLANDALE, FL 33009</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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: <i>Erika C. Velarde</i> <b>Block #10</b> <b>10/15/07</b> <b>(954) 454-7171</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #		



10152007 Chg-P CR2E034 (12/06)

*[Handwritten signature]*

**FL** Zip Code

**700111235967**  
10/23/07--01054--011 \*\*61.25

**Block #11**      **10/15/07**