## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

ANIENDED ANNOAL REPORT								<sub>1</sub> FILED					
DOCUMENT # P99000084824										1 1	L []		
1. Entity Name THE BEST LATIN FOOD, CORP.								2007.007.10.14.0.00					
THE BEST LATIN FOOD, CORP.								2007 OCT 19 AM 8: 02.					
Principal Place of Business				Mailing Address			S TA			ECRETARY OF STATE LAHASSEE, FLORIDA			
622 N.E. 8TH STREET				622 N.E. 8TH STREET					IALL	WUM22F	E.FLUR	IDA	
HALLANDALE, FL 33009				HALLANDALE, FL 33009									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10152007	Chg-P	CR2E	034 (12/06)	JAS .	
City & State				City & State				4. FEI Numb				plied For t Applicable	
Zip	Country			Zip Cour		ntry	5. Certificate of Status Desired		S8.75 Additional Fee Required				
6. Name and Address of Current			Current Regis	Registered Agent			7. Name and Address of New Registered Agent						
							Name						
VELARDE, ERIKA C 622 N.E. 8TH STREET						Street Address (P.O. Box Number is Not Acceptable)							
HALLANDALE, FL 33009													
				City				FL	Zip Code	9			
8. The above	named entity	v submits this sta	tement for the r	ourpose of changing its	register	ed office or	register	ed agent, or bo	oth, in the State of			and accept	
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 reinstalling)  DATE													
Am	R is \$61.25		ncing		00 May Be ed to Fees								
10.		OFFICE	RS AND DIRE	CTORS	11.			ADDITIONS	/CHANGES TO C	FFICERS AN	DIRECTORS		
TITLE NAME	P	TITE	E 4E	VEI	ARME	ERÎKA ( 8 ST. ALE, F		Change	☐ Addition				
STREET ADDRESS							622	2 N.E.	8 ST	. ~-	-0		
CITY-ST-ZIP	HALLANDALE, FL 33009						<u>HA</u>	LLAND	ALE, F	L. 530	209		
TITLE NAME	V URINA, R	TITU		×°	SALTA.	CONSUE	OP	Change	☐ Addition				
STREET ADDRESS	1 '	STREET				EET ADDRESS					_		
CITY-ST-ZIP		ALE, FL 3300	9			Y-ST-ZIP	HA	HALLANDALE, FL. 33009					
TITLE NAME	T Delete TITI										☐ Change	☐ Addition	
STREET ADDRESS						EET ADDRESS		10.5	<b>DD 1 1 1</b> 3/07010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	967.	ר	
C#TY-ST-ZIP	HALLAND	ALE, FL 3300	9			Y-ST-ZIP		1.U/ C	2/01018	5477011	 	23	
TITLE NAME	[			Delete	TITL						Change	☐ Addition	
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP					_	Y-ST-ZIP							
TITLE NAME				☐ Delete	TITL NAM						Change	Addition	
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP					CITY	Y-ST-ZIP							
TITLE				☐ Delete	TITE						☐ Change	☐ Addition	
NAME STREET ADDRESS						EET ADDRESS							
CITY-\$T-ZIP	ļ		<u> </u>			Y-ST-ZIP				<del></del>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it 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 eath; that I am an officer or director													
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 dath; that it am an officer or diffection 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: 24 4. V. SLOCKHIO 10/15/07 (954)454-7171													
SIGNAI	JIL	SIGNATURE AND	TYPED OR PRINTE	O NAME OF SIGNING OFFICER					Date		Daytime Phone #		
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BLOCK#111

10/15/07