

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S10282

Entity Name: EL PAISA FOOD, CORP.

**FILED**  
**Sep 17, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

3031 WEST 84 STREET  
UNIT #1  
MIAMI, FL 33018 US

## **Current Mailing Address:**

3031 WEST 84 STREET  
UNIT # 1  
MIAMI, FL 33018 US

## **New Principal Place of Business:**

3130 WEST 84TH STREET  
UNIT #1  
MIAMI, FL 33018 US

## **New Mailing Address:**

3130 WEST 84TH STREET  
UNIT # 1  
MIAMI, FL 33018 US

FEI Number: 59-2837111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

GARCIA, ARLENE  
6734 NW 107 PL  
MIAMI, FL 33178 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARCIA, ARLENE  
Address: 6734 NW 107 PL  
City-St-Zip: MIAMI, FL 33178

Title: DVS ( ) Delete  
Name: VILLEGAS, NIDIA  
Address: 6734 NW 107 PL  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: PEREZ, OSCAR J  
Address: 12757 NW 103 AVE.  
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE GARCIA

P

09/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date