


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90131 035 ***150.00

DOCUMENT # V28846 1. Entity Name T. & Z. FOODS, INC.	
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Principal Place of Business 3006 S.R. 540 WINTER HAVEN, FL 33880 US	Mailing Address % MANAGING FOOD, LLC 1326 E. LUMSDEN RD. BRANDON, FL 33511 US
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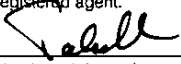
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04142005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3122480	Applied For Not Applicable
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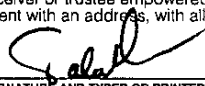
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAZBOUR, TALAL 2503 HIGHWAY 603 VALRICO, FL 33594	7. Name and Address of New Registered Agent Name <u>Kuzbour, Talal</u> Street Address (P.O. Box Number is Not Acceptable) <u>1326 E. Lumsden Rd</u> City <u>Brandon</u> FL Zip Code <u>33511</u>
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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 <u></u> DATE <u>4-21-05</u>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME KAZBOUR, TALAL A. STREET ADDRESS 1326 E. LUMSDEN RD. CITY-ST-ZIP BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE STD NAME KAZBOUR, TAREK A. STREET ADDRESS 1326 E. LUMSDEN RD. CITY-ST-ZIP BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u></u> DATE <u>4-21-05</u> DAYTIME PHONE # <u>813 681 0622</u>
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