


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

246  
**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # V28846</b> 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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## DO NOT WRITE IN THIS SPACE



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3122480</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  KAZBOUR, TALAL 1326 E LUMSDEN RD BRANDON, FL 33511	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000696157  
 04/17/07-80085-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KAZBOUR, TALAL A.
STREET ADDRESS	1326 E. LUMSDEN RD.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	STD
NAME	KAZBOUR, TAREK A.
STREET ADDRESS	1326 E. LUMSDEN RD.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## DO NOT WRITE IN THIS SPACE

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: Talal Kazbur 4-4-07 (813) 6840622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #