

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005326

**Entity Name:** VITALITY FOODSERVICE, INC.

**Current Principal Place of Business:**

400 NORTH TAMPA STREET  
STE 1500  
TAMPA, FL 33602

**Current Mailing Address:**

400 NORTH TAMPA STREET  
STE 1500  
TAMPA, FL 33602

**FEI Number:** 20-1478302

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title D  
Name MIELE, PELLEGRINO  
Address 400 NORTH TAMPA STREET  
City-State-Zip: TAMPA FL 33602

Title PRES  
Name MIELE, PELLEGRINO  
Address 400 NORTH TAMPA STREET  
City-State-Zip: TAMPA FL 33602

Title VP  
Name JOHNSON, KIMBERLY S  
Address 400 NORTH TAMPA STREET  
City-State-Zip: TAMPA FL 33602

Title VP  
Name PIRES, DEREK  
Address 400 NORTH TAMPA STREET  
STE 1500  
City-State-Zip: TAMPA FL 33602

*I hereby 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 all other like empowered.*

**SIGNATURE:** PELLEGRINO MIELE

**PRESIDENT**

**03/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date