

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005326

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

**Current Principal Place of Business:**

11471 N HWY 301  
STE 101  
THONOTOSASSA, FL 33592

**Current Mailing Address:**

11471 N HWY 301 STREET  
STE 101  
THONOTOSASSA, FL 33592 US

**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 11471 N HWY 301  
SUITE 101  
City-State-Zip: THONOTOSASSA FL 33592

Title PRES  
Name MIELE, PELLEGRINO  
Address 11471 N HWY 301  
SUITE 101  
City-State-Zip: THONOTOSASSA FL 33592

Title VP  
Name JOHNSON, KIMBERLY S  
Address 11471 N HWY 301  
SUITE 101  
City-State-Zip: THONOTOSASSA FL 33592

Title VP  
Name LAPIERRE, RICHARD  
Address 11471 N HWY 301  
STE 101  
City-State-Zip: THONOTOSASSA FL 33592

*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**

**03/14/2018**

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

\_\_\_\_\_  
Date