

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01646

Entity Name: BAR-S FOODS CO.**Current Principal Place of Business:**5090 N 40TH STREET
SUITE 300
PHOENIX, AZ 85018**Current Mailing Address:**5090 N 40TH STREET
SUITE 300
PHOENIX, AZ 85018 US**FEI Number:** 86-0409987**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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	DIRECTOR
Name	DAY, TIMOTHY
Address	P O BOX 697
City-State-Zip:	TETON VILLAGE WY 83025-0697

Title	CEO
Name	PANICO, WARREN
Address	2002 N 55TH STREET
City-State-Zip:	PHOENIX AZ 85054

Title	EVP
Name	RAMOS, SERGIO
Address	7455 E QUILL LNAE
City-State-Zip:	SCOTTSDALE AZ 85255

Title	VP
Name	SURIANO, MICHAEL
Address	3230 S. JOJOBA WAY
City-State-Zip:	CHANDLER AZ 85248

Title	DIR
Name	KOPRIVA, ROBERT
Address	3428 BURNT PINE LANE
City-State-Zip:	MIRAMER BEACH FL 32550

Title	VP
Name	CASTANO, HELIO
Address	46 PROSEWOOD DRIVE
City-State-Zip:	THE WOODLANDS TX 77381

Title	VP
Name	GUILLEN, GERARDO
Address	127 W BLACK KNIGHT DR
City-State-Zip:	THE WOODLANDS TX 77382

Title	VP
Name	MOSES, WILLIAM T
Address	9909 SORIANO ST
City-State-Zip:	DENTON TX 76207

Continues on page 2

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: MICHAEL J. SURIANO**VICE PRESIDENT -
FINANCE****04/05/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GARZA SADA, ARMANDO
Address 5090 N 40TH STREET
SUITE 300
City-State-Zip: PHOENIX AZ 85018

Title DIRECTOR
Name BARRAGAN, ALEJANDRO ELIZONDO
Address 5090 N 40TH STREET
SUITE 300
City-State-Zip: PHOENIX AZ 85018

Title DIRECTOR
Name GARZA, ALVARO FERNANDEZ
Address 5090 N 40TH STREET
SUITE 300
City-State-Zip: PHOENIX AZ 85018

Title DIRECTOR
Name GONZALEZ, MARIO H. PAEZ
Address 5090 N 40TH STREET
SUITE 300
City-State-Zip: PHOENIX AZ 85018