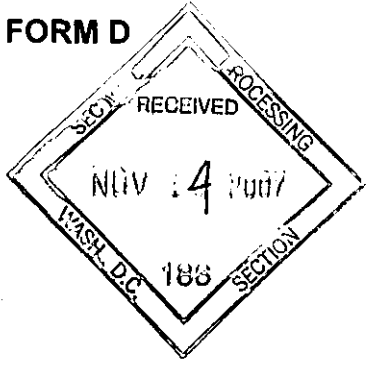


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FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL table with OMB Number 3235-0076, Expires APRIL 30, 2008, Estimated average burden 16.00

SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields

Name of Offering Offer, sale and issuance of A-3 Preferred Stock. (checkbox check if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) that apply): Rule 504, Rule 505, Rule 506, Section 4(6), ULOE. Type of Filing: New Filing, Amendment No. 1

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer Corazonas Foods, Inc. (checkbox check if this is an amendment and name has changed, and indicate change.)

Address of Executive Offices 11900 W. Olympic Blvd #630, Los Angeles CA 90064 Telephone Number (310) 622-9554

Address of Principal Business Operations (if different from Executive Offices) Telephone Number (including Area Code)

Brief Description of Business Manufacturing and sales of healthy snack foods.

PROCESSED NOV 23 2007

Type of Business Organization: corporation, business trust, limited partnership, already formed, limited partnership, to be formed, other (please specify): THOMSON FINANCIAL

Actual or Estimated Date of Incorporation or Organization: Month 01 Year 2006 Actual Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal: Who Must File, When To File, Where to File, Copies Required, Information Required, Filing Fee, State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form.

ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



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**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- o Each promoter of the issuer, if the issuer has been organized within the past five years;
- o Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- o Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- o Each general and managing partner of partnership issuers.

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)  
**Cappello, Ramona L.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Corazonas Foods, Inc., 11900 W. Olympic Blvd #630, Los Angeles CA 90064**

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)  
**Lynch, Charles A.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Corazonas Foods, Inc., 11900 W. Olympic Blvd #630, Los Angeles CA 90064**

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)  
**Sharma, Monty**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Corazonas Foods, Inc., 11900 W. Olympic Blvd #630, Los Angeles CA 90064**

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)  
**Mattson, Peter H.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Corazonas Foods, Inc., 11900 W. Olympic Blvd #630, Los Angeles CA 90064**

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)  
**Nykin, Ilya B.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Corazonas Foods, Inc., 11900 W. Olympic Blvd #630, Los Angeles CA 90064**

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)  
**Todd, James S.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Corazonas Foods, Inc., 11900 W. Olympic Blvd #630, Los Angeles CA 90064**

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- o Each promoter of the issuer, if the issuer has been organized within the past five years;
- o Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- o Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- o Each general and managing partner of partnership issuers.

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)  
**Wyse, Roger E.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Corazonas Foods, Inc., 11900 W. Olympic Blvd #630, Los Angeles CA 90064**

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)  
**Great Spirit Ventures, LLC**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**1101 Centre Road, Suite 322, Wilmington, DE 19805**

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)  
**Burrill Capital (affiliated funds)**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**One Embarcadero Center, Suite 2700, San Francisco, CA 94111**

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)  
**Unilever Swiss Holdings AG**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**Steinhausen, Hinterbergstrasse 28, 6330 Cham, Switzerland**

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter       Beneficial Owner       Executive Officer       Director       General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ <u>-0-</u>	\$ <u>-0-</u>
Equity: .....	\$ <u>4,000,000.00</u>	\$ <u>3,999,999.81</u>
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ <u>-0-</u>	\$ <u>-0-</u>
Partnership Interests .....	\$ <u>-0-</u>	\$ <u>-0-</u>
Other (Specify: _____).....	\$ <u>-0-</u>	\$ <u>-0-</u>
Total .....	\$ <u>4,000,000.00</u>	\$ <u>3,999,999.81</u>

Answer also in Appendix, Column 4, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	<u>10</u>	\$ <u>3,999,999.81</u>
Non-accredited Investors.....	<u>-0-</u>	\$ <u>N/A</u>
Total (for filings under Rule 504 only) .....	<u>N/A</u>	\$ _____

Answer also in Appendix, Column 3, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505 .....	_____	\$ _____
Regulation A.....	_____	\$ _____
Rule 504.....	_____	\$ _____
Total .....	_____	\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs .....	<input type="checkbox"/>	\$ _____
Legal Fees.....	<input checked="" type="checkbox"/>	\$ <u>25,000.00</u>
Accounting Fees.....	<input type="checkbox"/>	\$ _____
Engineering Fees .....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/>	\$ _____
Other Expenses (identify _____) .....	<input type="checkbox"/>	\$ _____
Total .....	<input checked="" type="checkbox"/>	\$ <u>25,000.00</u>

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**


4. b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."..... **\$3,974,999.81**

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes below. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjustment gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees.....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Purchase of real estate.....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Repayment of indebtedness.....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Working capital.....	<input type="checkbox"/>	\$ _____	<input checked="" type="checkbox"/>	<b><u>\$3,974,999.81</u></b>
Other (specify): _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Column Totals.....	<input type="checkbox"/>	\$ <u>-0-</u>	<input checked="" type="checkbox"/>	<b><u>\$3,974,999.81</u></b>
Total Payments Listed (column totals added).....				<b><u>\$3,974,999.81</u></b>

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) <b>Corazonas Foods, Inc.</b>	Signature 	Date November <u>8</u> , 2007
Name (Print or Type) <b>Ramona L. Cappello</b>	Title of Signer (Print or Type) <b>President and Chief Executive Officer</b>	

**ATTENTION**

**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)**


**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?..... Yes  No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) <b>Corazonas Foods, Inc.</b>	Signature 	Date <b>November 8, 2007</b>
Name (Print or Type) <b>Ramona L. Cappello</b>	Title of Signer (Print or Type) <b>President and Chief Executive Officer</b>	

**Instruction:**

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

**APPENDIX**

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)  Common Stock, Series A-1 Preferred Stock, Series A-2 Preferred Stock and Series A-3 Preferred Stock (collectively, "Stock")	4 Type of investor and amount purchased in State (Part C - Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	\$1,937,184.74	4	\$1,937,184.74	-0-	N/A		X
CO									
CT									
DE		X	\$ 654,999.81	2	\$ 654,999.81	-0-	N/A		X
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO		X	\$ 950,000.07	1	\$ 950,000.07	-0-	N/A		X
MT									



**APPENDIX**

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)  Common Stock, Series A-1 Preferred Stock, Series A-2 Preferred Stock and Series A-3 Preferred Stock (collectively, "Stock")	4 Type of investor and amount purchased in State (Part C - Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
NE									
NV									
NH									
NJ									
NM									
NY									
NC		X	\$ 14,167.30	1	\$ 14,167.30	-0-	N/A		X
ND									
OH									
OK									
OR									
PA		X	\$ 100,000.15	1	\$ 100,000.15	-0-	N/A		X
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

**END**