1438132

FORM D

SEC, Maji Processing Section

NUV 13 2008

Weshington, DC

111

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

OMB Number:

Expires:

Estimated average burden hours per form

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

Name of Offering (☐ check if this i Real Live Foods, Inc Restricted				d indicate chan	ge.)	
Filing Under (Check box(es) that ap	ply):	□Rule 504	□ Rule 505	X Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing: X New Filing	☐ Ame	ndment				
		A. BASIC ID	ENTIFICATION	N DATA		
1. Enter the information requested a	about the iss	suer				
Name of Issuer (check if this is an arr	endment and	i name has chan	ged, and indicate ch	iange.)		
Real Live Foods, Inc.						
Address of Executive Offices	(Number	r and Street, Cit	y, State, Zip Code	Telephone Nur	nber (Including Area Co	ode)
11938 West Washington Boulevar	d, Los Ang	eles, Californ	ia 90066	(310) 390-30		
Address of Principal Business Operation	s (Number au	nd Street, City, S	State, Zip Code)	Telephone Nur	ÖCESSED°	ode)(if different from
Executive Offices)				PR	OCESSED	
11938 West Washington Boulevar	d, Los Ang	eles, Californ	ia 90066			
Brief Description of Business				•	NOV 2 8 2008 E	-
Food processing and wholesale dis	<u>stribution c</u>	ompany			AUA TO FOOD	
Type of Business Organization				_	ON DELITER	10
X corporation	🛛 limit	ted partnership	o, already formed	THO	MSON RELITER	odify):
☐ business trust	🔲 🛮 limit	ted partnership	to be formed	1110	1110011	
			Month Yea	ır		
Actual or Estimated Date of Incorpo	ration or O	rganization: (05 08 X A	ctual 🗆 E	Estimated	
Jurisdiction of Incorporation or Orga				vice abbreviatio	on for State: CA	
			a: FN for other fo			

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, NW, Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal 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. Issuers relying on ULOE must file a separate notice with the Securities Administratorin each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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.



A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years:	
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or m	ore of a class of equity
securities of the issuer:	
Each executive officer and director of corporate issuers and of corporate general and managing partners	of partnership issuers;
and Each general managing partner of partnership issuers.	
Lach general managing parties of parties sup issues.	
Check Box(es) that Apply: \Box Promoter \underline{X} Beneficial Owner \underline{X} Executive Officer \underline{X} Director \Box	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Rotondi, Rod, Jr.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
11938 West Washington Boulevard, Los Angeles, California 90066	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer X Director ☐	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Rotondi, Roger Henry	
Business or Residence Address (Number and Street, City, State, Zip Code)	
11938 West Washington Boulevard, Los Angeles, California 90066	
	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)	
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)	
(, tanto, and , tanto, and , a	
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)	-
(Use blank sheet, or copy and use additional copies of this sheet as necessary.)	

					B. INFO	RMATIC	ON ABOU	T OFFE	RING				
1 974	!	مسم اسلمم	la aa tha i		and to call	to mon o	norodited :	nuactore	in this of	foring?			Yes No X □
				Ansv	ver also in	n Append:	ix. Columi	n 2. if fili	ng under	ULOE.			_
2. What	is the mi	nimum i	nvestmen	t that wil	l be accep	oted from	any indivi	dual?				•••••••	\$ <u>N/A</u>
													Yes No
3. Does	the offer	ing perm	it joint ov	vnership	of a singl	e unit?							<u>X</u>
4. Enter	the info	rmation r	equested	for each	person v	ho has be	een or wil	l be paid	or given	, directly	or indire	ctly, any	commission or
simila	ır remun	eration fo	r solicita	tion of p	urchasers	in connec	ction with	sales of	securities	in the o	ffering. I	f a perso	n to be listed is
an ass or de	sociated paler. If	person or more tha	agent of in five (5	a broker b) person	or dealer s to be li	registered sted are a	a with the	SEC and persons	of such	i state or a broker	or dealer	, you man	ne of the broker my set forth the
			ker or de					•				-	
Full Nam	ne (Last r	name first	t, if indiv	idual)									
	•		,	,									
Business	N/A or Resid	ence Ado	iress (Nu	ımber an	d Street, (City, State	, Zip Cod	e)					
Name of	Associat	ed Broke	r or Deal	er				-					
						to Solicit	Purchase	S					
(Chec		tates" or ([AZ]	check ind [AR]	lividual S [CA]	tates [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nam	ie (Lasi i	iame iirs	i, ii inaiv	iduai)									
Business	or Resid	lence Add	dress (N	umber an	d Street,	City, State	e, Zip Cod	e)					
Name of	Associa	ed Broke	r or Deal	er							•		
					or Intends	to Solici	t Purchase	S					□ All States
•	K "All S [AK]	tates" or (check ind [AR]	IIVIGUAI S	tates [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nan	ne (Lasti	name firs	t if indiv	idual)									
1 411 1 441	10 (1505)	iunic mis	t, 11 mar	iduai)									
Business	or Resid	lence Ado	dress (Ni	umber an	d Street.	City, State	e, Zip Cod	e)					
			`		,	•,	•	•					
Name of	Associa	ted Broke	r or Deal	ler									
						to Solici	t Purchase	s					
(Chec		tates" or [AZ]	check ind [AR]	lividual S [CA]	States [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [Wl]	[OR] [WY]	[PA] [PR]	
41	[~C]	[~~]	()	()	[]	r · -1	F J	r)	. ,		. ,	. ,	

(use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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

1.	'already sold. Enter "O" if answer is	of securities included in this offering and the total amount "none" or "zero." If the transaction is an exchange offering, are columns below the amounts of the securities offered for		
	Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt		<u>\$ -0-</u>	<u> </u>
	Equity		\$_+	<u> </u>
	X Com	mon		
	Convertible Securities (include	ling warrants)	\$_*	s <u> </u>
	Partnership Interests		\$ -0-	<u> </u>
	·)		
				\$ +
2.	Enter the number of accredited and this offering and the aggregate dolla indicate the number of persons who	*Consists of options to purchase a total of 6 2,664,000 shares of restricted stock issued to a dalso in Appendix, Column 3, if filing under ULOE. non-accredited investors who have purchased securities in a amounts of their purchases. For offerings under Rule 504, have purchased securities and the aggregate dollar amount Enter "0" if answer is "none" or "zero	4,000 shares of co total of 11 individua	mmon stock and a total of is for services rendered.
			Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		1	\$ <u>*</u>
	Non-accredited Investors		10	\$ <u>*</u>
	Total (for filings a	under Rule 504 only)***Consists of options to purchase a total of 6		s
3.	If this filing is for an offering under securities sold by the issuer, to da	2,664,000 shares of restricted stock issued to a also in Appendix, Column 4, if filing under ULOE. er Rule 504 or 505, enter the information requested for all the, in offerings of the types indicated, in the twelve (12) urities in this offering. Classify securities by type listed in	Type of	Dollar Amount
	Type of Offering		Security	Sold
	Rule 505		<u>-0-</u>	<u> </u>
	Regulation A		0-	<u> </u>
	Rule 504		0-	<u> </u>
	Total		0-	<u> </u>
4.	securities in this offering. Excludissuer. The information may be given	ness in connection with the issuance and distribution of the e amounts relating solely to organization expenses of the even as subject to future contingencies. If the amount of an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		🖸	\$ -0-
	Printing and Engraving Costs	i	C	\$ -0-
	Legal Fees		C	\$ -0-
	Accounting Fees		E	<u>\$ -0-</u>
	Engineering Fees		E	<u>\$ -0-</u>
	Sales Commissions (specify	finders' fees separately)	[\$ -0-
	Other Expenses (identify)			\$ -0-
	Total			\$ +0-

b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer used for each of the purposes shown. 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 adjusted 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 Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger). Working capital Other (specify): Directors And Payments To Others Pay			
 Onestion I and total expenses furnish 	ed in response to Part C - Ouestion 4.a. This diffe	erence	s <u>-0</u>
used for each of the purposes showr estimate and check the box to the le equal the adjusted gross proceeds to	 If the amount for any purpose is not known, eft of the estimate. The total of the payments ! 	furnish an iisted must	
ubove.		Officers Directors &	
Salaries and fees			_ \$0
Purchase of real estate			□ \$ <u>-0-</u>
Purchase, rental or leasing and	l installation of machinery and equipment		\$0-
Construction or leasing of plan	nt buildings and facilities	🗅 💲 <u>0 -</u>	\$ <u>-0-</u>
offering that may be used in e	xchange for the assets of securities of another		_ □ \$0
Repayment of indebtedness			<u> </u>
Working capital			0-
Other (specify):		s o-	_ □ \$ -0-
		<u> </u>	_
Column Totals			\$
Total Payments Listed (colum	n totals added)		\$ <u>-0-</u>
	D. FEDERAL SIGNATUR	RE	
following signature constitutes an unde	e to be signed by the undersigned duly autho ertaking by the issuer to furnish to the U.S. Se by the issuer to any non-accredited investor pur	curities and Exchange Com	mission, upon written reques
Issuer (Print or Type)	Signature	Date	
Real Live Foods, Inc.		Oct	ober 23, 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Rod Rotondi	Chief Executive Officer		
			

ATTENTION

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

E. STATE SIGNATURE

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)	Signature	Date October 23, 2008
Real Live Foods, Inc.	16.40	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	;
Rod Rotondi	Chief Executive Officer	

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

l	2		3	4				5 Disqualifi	cation
	Intend to s to non-acc investors (Part B-lte	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor amount purcha (Part C-Item 2)	Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1	
State	Yes	No	Stock Options and Restricted Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL								,	
AK									
AZ									
AR									
CA	х			1	0	9	0		Х
со		<u></u>							
СТ									
DE						<u> </u>			
DC									
FL	Х			0	0	1	0		х
GA									
ні									
ID				_					
IL _									
IN _								ļ	
JA				-		-			
KS									
KY									ļ
LA						,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
МЕ									
MD									
МА									
МІ									
MN									
MS			_						ļ
L		1					<u></u>	<u> </u>	l

l	2		3	4				5 Disqualifi	cation
ı		ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of invest amount purcha (Part C-Item 2	Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I	
State	Yes	No	Stock Options and Restricted Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ			<u> </u>						
NE									
NV	<u> </u>								
NH									
ΙΝJ									
NM		_							
NY									
NC									
ND									
он									_
ок									
OR									
PA									
RI									
sc					:				
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									
WY									
PR									