


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 620228**  
 1. Entity Name  
**R.M. DISTRIBUTORS FROZEN FOODS, INC.**



Principal Place of Business      Mailing Address  
**2990 S.W. 6TH ST.**      **2990 S.W. 6TH ST.**  
**MIAMI, FL 33135**      **MIAMI, FL 33135**



03262005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-1926673**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**VIERA, JOSE A**  
**2990 S.W. 6TH STREET**  
**MIAMI, FL 33135**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VIERA, JOSE A 2990 S.W. 6TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIERA, GLADYS M 2990 S.W. 6TH STREET MIAMI, FL 33135
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 03/30/05-80014-017 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose A. Viera* (Jose A. VIERA)    3-26-05    Telef: 305-642-6264