

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003699

1. Entity Name
 CUSTOM FOOD PRODUCTS, INC.



Principal Place of Business
 1117 W OLYMPIC BLVD
 MONTEBELLO, CA 90640-5123

Mailing Address
 1117 W OLYMPIC BLVD
 MONTEBELLO, CA 90640-5123



07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 33-1009752

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CASPERSEN, ERIK M.W. 310 SOUTH STREET MORRISTOWN, NJ 079621913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EK, ERIC 1117 W OLYMPIC BLVD MONTEBELLO, CA 906405123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WALKER, CARL 1117 W OLYMPIC BLVD MONTEBELLO, CA 906405123
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00000165975
 07/19/04-80002-005 150.00

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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: Carl Walker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/04 (800) 787-0900
 Date Daytime Phone #