

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # G09846

1. Entry Name  
 HOLIDAY FOODS, INC.



Principal Place of Business  
 2050 MCKINLEY ST  
 HOLLYWOOD, FL 33020

Mailing Address  
 2050 MCKINLEY ST  
 HOLLYWOOD, FL 33020



06042004 No Chg P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2237250

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZECCHINO, EMILY  
 2050 MCKINLEY ST  
 HOLLYWOOD, FL 33020

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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	PD ZECCHINO, EMILIA 2050 MCKINLEY ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZECCHINO, LINDA 2050 MCKINLEY ST HOLLYWOOD, FL 33020
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 06/10/04-80002-014 558.75

**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)(l), 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: *x Emilia Zecchino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/04 954-921-7786  
Date Days and Phone #