

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006034
 1. Entity Name
 FOOD CULTURE MUSEUM, INC.



Principal Place of Business Mailing Address
 2417 N. MIAMI AVENUE 2417 N. MIAMI AVENUE
 MIAMI, FL 33127 MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-1040815 Not Applicable

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

5. Name and Address of Current Registered Agent
 MIRALDA, ANTONIO
 2417 N. MIAMI AVENUE
 MIAMI, FL 33127

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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)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIRALDA, ANTONIO
STREET ADDRESS	2417 N. MIAMI AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	STD
NAME	GUILLEN, MONTSERRAT
STREET ADDRESS	2417 N. MIAMI AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	ROS, MARIA V
STREET ADDRESS	3760 S.W. 82 AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	ROCA, INMACULADA
STREET ADDRESS	2417 N. MIAMI AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	CANO, MIGUEL
STREET ADDRESS	2417 N. MIAMI AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/30/05-80103-003 61.25

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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 617, 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: _____ DATE: 4-27-05 DAYTIME PHONE #: (305) 576-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR