

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90937 027 ***150.00

DOCUMENT # P00000084934

1. Entity Name
CANOA FOODS, INC.



Principal Place of Business
5600 COLLINS AVENUE #4A
MIAMI FL 33140

Mailing Address
8370 W FLAGLER ST #234
MIAMI FL 33144



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

5600 COLLINS AVE

Suite, Apt. #, etc.

10 B

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

4. FEI Number 65-1039136

Applied For

Not Applicable

Zip

Country

Zip

Country

33140

U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTIERREZ, JUAN J
5600 COLLINS AVENUE
MIAMI BEACH FL

Name

Street Address (P.O. Box Number is Not Acceptable)

5600 COLLINS AVE

SUITE 10 B

City

MIAMI BEACH

FL

Zip Code

33140

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	GUTIERREZ, GUILLERMO	5600 COLLINS AVENUE #4A	MIAMI BEACH FL 33140	<input type="checkbox"/>
DV	GUTIERREZ, JUAN J	5600 COLLINS AVENUE #4A	MIAMI BEACH FL 33140	<input type="checkbox"/>
SD	GUTIERREZ, ANA M	58-12 QUEENS BLVD #3C	WOODSIDE NY 11377	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5600 COLLINS AVE #10B	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		5600 COLLINS AVE #10B	MIAMI BEACH, FL 33140	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GUILLERMO GUTIERREZ 2/14/03

CR2E034 (10/02)