


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90070 038 ***150.00

DOCUMENT # P02000098806

1. Entity Name
EL MICHOACANO NATURAL, INC.



Principal Place of Business Mailing Address

**3881 S. CONGRESS AVE.
 LAKE WORTH FL 33461** **3881 S. CONGRESS AVE.
 LAKE WORTH FL 33461**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

55-0795256 Not Applicable

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

24033663



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**PB&A FINANCIAL SERVICES, CORP.
 13935 NW 1ST AVENUE
 MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ANDRADE, JORGE | |
| STREET ADDRESS | 1900 N. CONGRESS AVE. #H411 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, RIGOBERTO | |
| STREET ADDRESS | 2400 N CONGRESS AVE #K411 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

2/19/04 (561) 254-7894
 Date Daytime Phone #