

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000100614  
 1. Entity Name  
 ALIMENTOS LIGEROS DE CENTRO AMERICA, INC.



Principal Place of Business      Mailing Address  
 942 LENOX AVENUE      942 LENOX AVENUE  
 SUITE 15      SUITE 15  
 MIAMI, FL 33139      MIAMI, FL 33139

**DO NOT WRITE IN THIS SPACE**



02172005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 22-3872563      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MARTINEZ, ALFONSO  
 1508 BAY ROAD  
 SUITE 427  
 MIAMI, FL 33139

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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 file if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUETARA FERNANDEZ, RAIMUNDO G
STREET ADDRESS	942 LENOX AVENUE SUITE 15
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000236034  
 02/21/05-80001-025 150.00

**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)(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: Raimundo Gomez-Cuetara      Date: 2/17/05      Daytime Phone #: 305 642 8287