


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90212 017 ***150.00

DOCUMENT P03000047272

1. Entity Name
MED FOOD INC



Principal Place of Business Mailing Address
8971 SW 142 Ave **8971 SW 142 Ave**
11-36 **11-36**
MIAMI FL 33186 **MIAMI FL 33186**

94070684

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
01-0804520 **Not Applicable**

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

6. Name and Address of Current Registered Agent
ERDOGAN ATAS
8971 SW 142 AVE
11-36
MIAMI FL 33186

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6. 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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. VP EKREM ATAS 8971 SW 142 AVE 11-36 MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. VP ANGELA WONG 8971 SW 142 AVE 11-36 MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS T ERDOGAN ATAS 8971 SW 142 AVE 11-36 MIAMI FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: *Erdoğan Atas* **ERDOGAN ATAS** **3 16 04 305 7205601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #