2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90389 008 ***150.00

DOCUMENT # P03000104074

1. Entity Name
DON FER PRODUCTOS LACTEOS MEXICANO, INC

Principal Place of Business	Mailing Address
503 OAK AVE. MOUNT DORA, FL 32757	503 OAK AVE. MOUNT DORA, FL 32757

03132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Same as above		P.O Box 404	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Zellwood Fl	
Zip	Country	Zip: 32798	Country: USA

4. FEI Number: 81-0634043 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORRES, VICTOR
~~3820 MOHAWK DR~~
~~ZELLWOOD, FL 32798~~
147 W 4th St
Suite 1602
Apopka, Fl 32703

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 Victor Torres PRINT Victor Torres
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 04-26-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	TORRES, VICTOR	
STREET ADDRESS	503 OAK AVE.	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	S	☐ Delete
NAME	GUERRERO, ANA M	
STREET ADDRESS	503 OAK AVE.	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Ad
NAME		
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TITLE		☐ Change ☐ Ad
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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor Torres 4-26-04 407-814-9329