


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

check # 1990  
**FILED**

**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000048932**  
1. Entity Name  
**RED ARROW FOODS, INC.**



Principal Place of Business      Mailing Address  
4007 JOHNSON ST.      4007 JOHNSON ST.  
HOLLYWOOD, FL 33021      HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**



01092004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
GARCIA, ORLANDO  
4007 JOHNSON ST.  
HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**

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 title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**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: D  
NAME: GARCIA, ORLANDO  
STREET ADDRESS: 4007 JOHNSON ST.  
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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01/13/04-80028-009 150.00

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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 ~~officers~~ empowered.

SIGNATURE: Orlando Garcia (Orlando Garcia)      Date: 1-10-2004      Daytime Phone #: 954-989-5776