


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000025351

1. Entity Name
PASCUAL DAIRY, INC.



Principal Place of Business 2100 SALZEDO ST 301-B CORAL GABLES, FL 33134	Mailing Address 2100 SALZEDO ST 301-B CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0826668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
 201 S BISCAYNE BLVD
 1600 MIAMI CENTER
 MIAMI, FL 33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	P PASCUAL SANZ, TOMAS 2100 SALCEDO ST # 301-B CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PASCUAL, GABRIEL E 2100 SALCEDO ST # 301-B CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMEZ CUETARA, SONIA P 2100 SALCEDO ST #301-B CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMAS FLORENCIO PASCUAL GOMEZ-CUETARA 2100 SALCEDO ST #301-B CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000309797
 04/16/05-80052-007 150.00

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 reports 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 my address, with all other like empowered.

SIGNATURE:  **3/31/05** **3054445709**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #