


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90024 016 \*\*\*150.00

**DOCUMENT # P99000046163**

1. Entity Name  
**FOX'S FOODS, INC.**



**94034935**

Principal Place of Business  
**P.O. BOX 7259  
 HOLLYWOOD, FL 33081**

Mailing Address  
**P.O. BOX 7259  
 HOLLYWOOD, FL 33081**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01282004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-0923188**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

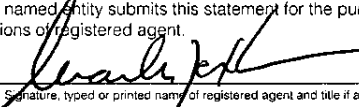
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, CHARLES F  
 4040 SHERIDAN ST.  
 HOLLYWOOD, FL 33021**

Name **CHARLES F. MILLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2435 HOLLYWOOD BLVD.**  
 City **HOLLYWOOD** FL **33020**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MILLER, CHARLES F<br>P.O. BOX 7259<br>HOLLYWOOD, FL 33081 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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: 

Date **3/15/04** Day/Time Phone # **954 924-0300**