


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90287 024 \*\*\*150.00

<b>DOCUMENT # V45763</b>			
1. Entity Name <b>MARK FOOD, INC.</b>			
Principal Place of Business <b>815 S 21ST AVE HOLLYWOOD, FL 33020 US</b>		Mailing Address <b>2128 WASHINGTON ST HOLLYWOOD, FL 33020 US</b>	
2. Principal Place of Business <b>Po Box 801206</b> Suite, Apt. #, etc.		3. Mailing Address <b>Po Box 801206</b> Suite, Apt. #, etc.	
City & State <b>Aventura Florida</b>		City & State <b>Aventura Florida</b>	
Zip <b>33280</b>	Country <b>USA</b>	Zip <b>33280</b>	Country <b>USA</b>
4. FEI Number <b>65-0347576</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GIGANTE, VIRGILIO 3801 S OCEAN DR 4M HOLLYWOOD, FL 33019</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Virgilio Gigante</i></u> <b>VIRGILIO GIGANTE</b> <u>4.15.04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GIGANTE, VIRGILIO 2011 S STATE RD 7 FT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GIGANTE, VIRGILIO 3801 S. Ocean DR. 4M Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GIGANTE, MARIA P 2011 S STATE RD 7 FT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GIGANTE, MARIA 3600 MYSTIC AVE DE 417 Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u><i>Virgilio Gigante</i></u> <b>VIRGILIO GIGANTE</b> <u>4.15.04</u> <u>954-6616609</u> Signature and typed or printed name of signing officer or director Date Daytime Phone #			