

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90210 036 \*\*\*\*61.25

**DOCUMENT # N00000006034**

1. Entity Name  
**FOOD CULTURE MUSEUM, INC.**



Principal Place of Business

2417 N. MIAMI AVENUE  
MIAMI, FL 33127

Mailing Address

2417 N. MIAMI AVENUE  
MIAMI, FL 33127

**14009776**



**DO NOT WRITE IN THIS SPACE**

04232004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-1040815**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIRALDA, ANTONIO  
2417 N. MIAMI AVENUE  
MIAMI, FL 33127

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MIRALDA, ANTONIO  
STREET ADDRESS 2417 N. MIAMI AVENUE  
CITY-ST-ZIP MIAMI, FL 33127

TITLE STD  
NAME GUILLEN, MONTSEERAT  
STREET ADDRESS 2417 N. MIAMI AVENUE  
CITY-ST-ZIP MIAMI, FL 33127

TITLE D  
NAME ROS, MARIA V  
STREET ADDRESS 3760 S.W. 82 AVE  
CITY-ST-ZIP MIAMI, FL 33155

TITLE D  
NAME ROCA, INMACULADA  
STREET ADDRESS 2417 N. MIAMI AVENUE  
CITY-ST-ZIP MIAMI, FL 33127

TITLE D  
NAME CANO, MIGUEL  
STREET ADDRESS 2417 N. MIAMI AVENUE  
CITY-ST-ZIP MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 24-04 305-5760406**

Date

Daytime Phone #