2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Calvera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P04000040968 1. Entity Name 2 04-20-2005 90333 049 ***150.00 167TH STREET FOODS CORPORATION Mailing Address Principal Place of Business PO BOX 43-2720 SOUTH MIAMI FL 33243 7225 NW 68TH STREET BAY# 10 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0825 900 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CABRERA, EMILIO JR. Street Address (P.O. Box Number is Not Acceptable) 7225 NW 68TH STREET **BAY 10 MIAMI FL 33243** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. . . Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE PΩ ☐ Delete TATLE CABRERA, EMILIO JR. NAME NAME 7225 NW 68TH STREET, #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP ST Сhange ☐ Addition TITLE ☐ Delete TITLE CABRERA, HILDA I NAME NAME 7225 NW 68TH STREET, #10 STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP MIAMI FL 33166 Change Addition TITLE ☐ Detete TITLE CABRERA, ANTHONY 1225 NW CBS+ #10 NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP miam, Fl 33666 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

HILDA I. CABRERA

FILED