


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 337381
1. Entity Name
LIBORIO SPICES AND PRODUCTS INC



| | |
|--|--|
| Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 |
|--|--|



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-1266132 | 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
**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**

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 *[Signature]* **AMABA CANOYERS LOPEZ, PRESIDENT** **3/22/05**
Signature typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating.) DATE

**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 TOJEIRO, JAIMIE SR 3080 SW 111 AVENUE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TOJEIRO, JAIME JR 3080 S.W. 111 AVENUE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD IGLESIAS, MARGARITA 9333 SW 144 PLACE MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T IGLESIAS, VICENTE 9333 SW 144 PLACE MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U00000287983
04/04/05-80092-007 150.00

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 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: *[Signature]* **JAME TOJEIRO, SR., PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05
Date

Daytime Phone #