

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 414280

FILED
Jan 03, 2005
Secretary of State

Entity Name: FOOD MACHINERY EXCHANGE, INC.

Current Principal Place of Business:

1900 NEBRASKA AV
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

1900 NEBRASKA AV
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-1434494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENENDEZ GILBERTO
1900 NEBRASKA AV
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENENDEZ, GILBERTO,
Address: 2915 ABDELLA STREET
City-St-Zip: TAMPA, FL 33607 US

Title: DST () Delete
Name: MENENDEZ, DARLENE J.,
Address: 2915 ABDELLA STREET
City-St-Zip: TAMPA, FL 33607 US

Title: VP () Delete
Name: MENENDEZ, GILBERT JOSEPH
Address: 2915 ABDELLA ST
City-St-Zip: TAMPA, FL 33607 US

Title: C () Delete
Name: MENENDEZ, MARK A
Address: 2906 W WOODLAWN
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE J. MENENDEZ

DST

01/03/2005

Electronic Signature of Signing Officer or Director

Date