

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90458 012 ***150.00

DOCUMENT # 441682

1. Entity Name
GRANADA MEAT MARKET, INC.



Principal Place of Business

8230 W WATER AVE
TAMPA, FL 33615

Mailing Address

8230 W WATER AVE
TAMPA, FL 33615

14017133



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1499580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ESTRADA, FRANCISCO
8230 W. WATER AVENUE
TAMPA, FL 33615

**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, 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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ESTRADA, FRANCISCO
STREET ADDRESS	3619 W. CARMEN ST
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	ESTRADA, KATHERINE
STREET ADDRESS	3619 W. CARMEN ST
CITY-ST-ZIP	TAMPA, FL
TITLE	P
NAME	ESTRADA, ANTHONY
STREET ADDRESS	11025 LYNN LAKE CIR
CITY-ST-ZIP	TAMPA, FL 336255642
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04
Date

813-885-4411
Daytime Phone #