2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # 511977				N	FILED Feb 09, 2004 08:00 AM Secretary of State	
	AFOOD, INC.				Secretary of	State
Principal Place of Business 3001 E OAKLAND PARK BOULEVARD STE 101 OAKLAND PARK FL 33306-8817		Mailing Address 3001 E OAKLAND PARK BOULEVARD STE 101 OAKLAND PARK FL 33306-8817		RD		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (	11/03)
City & State		Cny & State			4. FEI Number 59-1691368	Applied For Not Applicable
Zıp	Country	Zip	Country		5. Certificate of Status Desired	8.75 Additional e Required
	6. Name and Address of Curren	t Registered Agent	Nan		7. Name and Address of New Registered Ag	ent
BECK, PETER 3001 EAST OAKLAND PARK BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)		
	LAND PARK FL 33306-88				· · · · · · · · · · · · · · · · · · ·	
			City		FL	Zip Code
	named entity submits this statement	for the purpose of changing its	s registered offic	e or registered	d agent, or both, in the State of Florida. I am fan	I niliar with, and accept
SIGNATURE .	Signature Types of printed name of registered ago	1. and the 4 another in the Color	rE. Registered Agent	sonative required w	when reinstating) DATE	<u></u>
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 Payable to Florida Department			<u></u>	9. Election Campaign Financing Trust Fund Contribution.	<b>\$5.00</b> May Be Added to Fees
10.					L ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 11
TITLE NAME STREET ADORESS CITY - ST - ZIP	PSD BECK, PETER 3001 E OAKLAND PARK BLVD OAKLAND PARK FL	Delete	TITLE NAME STREET ADDR CITY - ST - ZIP	ESS		Changè 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete Ti N S		ESS	02/10/04-80074-012989900 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	Γ	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDR CITY - ST - ZIP	ESS	[	Change Addition
TITLE NAME STREET ADDRESS GITY - ST- ZIP		Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS		Change 🗋 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	1 ITLE NAME STREET ADDR CITY - ST - ZIP			Change Addition
indicated of the cor changed	on this report or supplemental report	is true and accurate and that powered to execute this repor	my signature sr t as required by	iali have the sa	tion 119.07(3)(i). Florida Statutes, I further certify ame legal effect as if made under oath, that I am Florida Statutes; and that my name appears in E	an onlicer or director