

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 563791**

1. Entity Name  
**B & P FOODS, INC.**



Principal Place of Business

**1800 N. FEDERAL HWY  
HOLLYWOOD, FL 33020**

Mailing Address

**1800 N. FEDERAL HWY  
HOLLYWOOD, FL 33020**

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1797382**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NAPOLI, PAOLO  
1800 N FEDERAL HWY.  
HOLLYWOOD, FL 33020**

**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, 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	PD
NAME	NAPOLI, PAOLO
STREET ADDRESS	1800 N. FEDERAL HWY
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	SD
NAME	NAPOLI, PAOLO
STREET ADDRESS	1800 N. FEDERAL HWY
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	VD
NAME	NAPOLI, ROSARIA
STREET ADDRESS	2800 N. FEDERAL HIGHWAY
CITY - ST - ZIP	HOLLYWOOD, FL

000000188179  
01/24/05-80045-004 150.00

**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: PAOLO NAPOLI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05 954-923-7250  
Date Daytime Phone #