

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F18161 1. Entity Name NEW WORLD PACKING CORP.	
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Principal Place of Business 7315 NW 79TH TERRACE MIAMI, FL 33166	Mailing Address 7315 NW 79TH TERRACE MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2066524	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**PERDOMO, MILAGROS
231 ALTARA AVE
CORAL GABLES, FL 33146**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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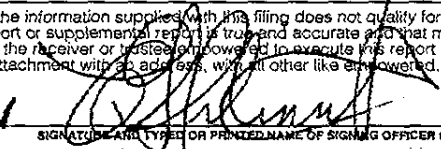
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILIAN, ENRIQUE 5820 NW 199TH ST. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OWEN, JAMES W. 13030 S.W. 17TH CT. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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08/05/04-80003-001 150.00

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:  **7/31/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #