2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F79443

1. Entity Name
MIAMI QUALITY FOODS, INC.

Principal Place of Business	Mailing Address
284 NW 27TH ST MIAMI, FL 33127-4122	284 NW 27TH ST MIAMI, FL 33127-4122

DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2191221
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, ORESTES L
8916 NW 171 LANE
MIAMI, FL 33018

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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	D
NAME	AGUILAR, JOSE R
STREET ADDRESS	2089 BEIDGE PORT
CITY-ST-ZIP	COCONUT GROVE, FL
TITLE	P
NAME	GARCIA, ORESTES
STREET ADDRESS	995 W 29 STREET APT. 111
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	SD
NAME	AGUILAR, ISRAEL A.
STREET ADDRESS	6143 SW 114 COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	TAMBINI, ANA
STREET ADDRESS	6800 S W 63 ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VP
NAME	GISPERT, AMERICA C
STREET ADDRESS	11459 SW 60 LANE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	GISPERT, JOSEM
STREET ADDRESS	11459 SW 60 LANE
CITY-ST-ZIP	MIAMI, FL 33173

100000117277
04/19/04-80012-022 *150.00

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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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #