

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

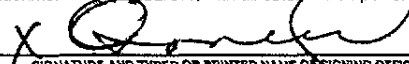
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____