## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F79443

Entity Name: MIAMI QUALITY FOODS, INC.

FILED Feb 16, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
284 NW 27TH ST MIAMI, FL 331274122					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
284 NW 27 MIAMI, FL 3					
FEI Number: 5	59-2191221	FEI Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
GARCIA, ORESTES L 8916 NW 171 LANE MIAMI, FL 33018 US					
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.					
SIGNATURE:					
	Electror	nic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( AGUILAR, JOS 2089 BEIDGE COCONUT GR	PORT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P ( GARCIA, ORES 995 W 29 STR HIALEAH, FL 3	EET APT. 111	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ( AGUILAR, ISRA 6143 SW 114 ( MIAMI, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( TAMBINI, ANA 6800 S W 63 S MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( GISPERT, AME 11459 SW 60 I MIAMI, FL 331	LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (1 GISPERT, JOS 11459 SW 60 I MIAMI, FL 331	LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE M. GISPERT ACCT 02/16/2005