

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000005267

1. Entity Name
SERVAL FOODS, INC.

Principal Place of Business
1560 SAWGRASS CORP. PKWY., #4TH FLOOR
SUNRISE, FL 33323 US

Mailing Address
1560 SAWGRASS CORP. PKWY., #4TH FLOOR
SUNRISE, FL 33323 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FEI Number
85-0943725

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MIAMI CORPORATE SYSTEMS, INC.
6200 BLUE LAGOON DRIVE, SUITE 700
MIAMI, FL 33126**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, print or printed name of registered agent and US 1 corporate officer. (NOTE: Registered Agent's name and address must be identical.)

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HENRIQUEZ, NORMAN 9012 N.W. 106TH WAY MIDDLEBURY, FL 32470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1560 Sawgrass Corp Pkwy 4th Floor Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Under 10 or Block 11 if changed, or on an attachment with an address with all other use empowered.

SIGNATURE: _____ DATE: **4/29/03** (954) 331-4125

PRINT NAME AND TITLE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

11040644



CHECK HERE IF MAKING CHANGES

CR60304 (11/01/02)