## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 18, 2004 8:00 am Secretary of State DOCUMENT # H08529 1. Entity Name 03-18-2004 90036 009 \*\*\*150 00 CATALINA FOOD DISTRIBUTOR, INC. Principal Place of Business Mailing Address 305 ARCHER STREET TAMPA FL 33609 305 ARCHER STREET TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-2420205 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORDERO, IDALBERTO F. Street Address (P.O. Box Number is Not Acceptable) 305 ARCHER STREET **TAMPA FL 33609** Ċitv 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition CORDERO, IDALBERTO F. NAME NAME 305 ARCHER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ellipother like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE** 

3-8-04.

Daytime Phone #

FILED