

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90203 005 ***158.75

DOCUMENT # H89766

1. Entity Name

FLORIDA BABY FOOD CENTER, INC.



Principal Place of Business

8495 NW 29ST
MIAMI, FL 33122 US

Mailing Address

8495 NW 29ST
MIAMI, FL 33122 US



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2608223

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, VICTOR
8495 NW 29ST
MIAMI, FL 33122

**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

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 VS
NAME RIVERA, JACQUELINE
STREET ADDRESS 8495 NW 29 ST
CITY-ST-ZIP MIAMI, FL 33122

TITLE
NAME RIVERA, EDOA
STREET ADDRESS 8495 NW 29 ST
CITY-ST-ZIP MIAMI, FL 33122

delete

TITLE PVSD
NAME RIVERA, JACQUELINE
STREET ADDRESS 8495 NW. 29TH STREET
CITY-ST-ZIP MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4-5-04 (305) 553-4333

Date

Daytime Phone #