

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90015 003 \*\*\*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**

**50007548**



2. Principal Place of Business **8425 NW 29th St** 3. Mailing Address **8425 NW 29th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006 Chg-P CR2E034 (11/05)

City & State  
**Doral, FL**

City & State  
**Doral, FL**

4. FEI Number  
**59-2608223**

Applied For  
Not Applicable

Zip Country  
**33122 USA**

Zip Country  
**33122 USA**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERA, VICTOR  
8495 NW 29ST  
MIAMI, FL 33122**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS  
NAME Rivera jacqueline  
STREET ADDRESS 8425 NW 29th St  
CITY-ST-ZIP Miami, FL 33122 ☒ Change ☐ Addition

TITLE PVSD  
NAME Rivera jacqueline  
STREET ADDRESS 8425 NW 29 Street  
CITY-ST-ZIP Miami, FL 33122 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

**3/27/06**