

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90333 034 \*\*\*150.00

<b>DOCUMENT # J62143</b> 1. Entity Name MOMEX FOODS, INC.	
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Principal Place of Business 1524 COMMERCE BLVD LAKE CITY, FL 32025	Mailing Address P.O. BOX 1669 LAKE CITY, FL 32056 US
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14001417



2. Principal Place of Business 265 SW Malone Suite, Apt. #, etc. Suite 111 City & State Lake City FL Zip 32025	3. Mailing Address Suite, Apt. #, etc. City & State City Country USA
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02132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2785835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSES, MICHAEL C 1524 COMMERCE BLVD LAKE CITY, FL 32025	
7. Name and Address of New Registered Agent Name Moses, Michael C Street Address (P.O. Box Number is Not Acceptable) 265 SW Malone Suite 111 City Lake City FL Zip Code 32025	

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:  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSES, MICHAEL C PO BOX 1669 LAKE CITY, FL 32056 <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	ST MOSES, CATHY PO BOX 1669 LAKE CITY, FL 32056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 Date Daytime Phone #