2005 FOR PROFIT CORPORATION

FILED Apr 18, 2005 08:00 AM

ANNUAL REPORT				Secretary of State			
DOCUMENT # K34494 1. Entity Name					Seti	Clary of Stati	
PACIFIC	FOOD PRODUCTS CORPO	RATION					
Principal Place of Business		Mailing Address					
C/O HUMBERTO N. SPEŽĪĀNI 1320 S. DIXIE HWY. SUITE 845 CORAL GABLES, FL 33146		C/O HUMBERTO N. SPEZIANI 1320 S. DIXIE HWY. SUITE 845 CORAL GABLES, FL 33146	i .				
COLVIC GADE							
				04142005	, , , , , , , , , , , , , , , , , , ,	CR2E034 (10/03)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For	
				59-22261		Not Applicable \$8.75 Additional	
	6. Name and Address of Current R	agistered Agent		5. Certificate of	Status Desired	Fee Required	
SPEZIANI	, HUMBERTO N.			na k	IOT WA		
1320 S. DIXIE HWY SUITE 845					HIS SPA		
CORAL GABLES, FL 33146							
	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both,	in the State of Florida	a. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent an	d tils if applicable (NOTE: Registere	4. Agent signature required	when re-instance)	19 1 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	-		
10.	OFFICERS AND D	IRECTORS	in in him was son	ikalingsak (V) (4)	:: :	A secondario	
TITLE NAME	DP SPEZIANI, HUMBERTO N.						
STREET ADDRESS	1320 S DIXIE HWY 845	·			U0000031	andre decrease from the war to the terminate resolution	
CITY-ST-ZIP	CORAL GABLES, FL	- con definition				W35-U05 150.00	
NAME	SPEZIANI, NORA						
STREET ADDRESS CITY-ST-ZIP	1320 S DIXIE HWY 845 CORAL GABLES, FL 33146		egy i na jida waxee darkida	uki di serdejiki di. Jan dekil dalam de	privingenesia vigo Pri inimali (silala)	a ilga o tempetakan daggulatu. Sabuloasus a amaliya dagaan e	
TITLE							
NAME STREET ADDRESS				noi	IOT WF		
CITY-ST-ZIP		<u> </u>		44-15/5/1-1-1/10/8/199/5-	militario de la constitución de la		
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STREET ADDRESS CITY-ST-ZIP					Samuel Samuel Control	kinggininga barawas	
BILE							
NAME STREET ADDRESS							
CITY-ST-ZIP		<u> </u>					
NAME							
CTREET ARRESCS			■ * 1 * * * * * * * * * * * * * * * * *				

12. I horeby 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:

CITY-SI-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

4/15/05

Date

305 665-9565 Daylime Phone #