

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # M11154

1. Entity Name
FOOD DISTRIBUTION SYSTEMS OF FLORIDA, INC.



Principal Place of Business

**18770 NE 6 AVE.
MIAMI, FL 33179**

Mailing Address

**P.O. BOX 561174
MIAMI, FL 33256**

DO NOT WRITE IN THIS SPACE



05242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2497573

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAVEN, JAMES P.
12940 SW 82 AVE
MIAMI, FL 33156**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRAVEN, JAMES P.
STREET ADDRESS	12940 S.W. 82 AVE.
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	ST
NAME	CRAVEN, MARGARET
STREET ADDRESS	12940 S.W. 82 AVE.
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/25/05-80011-003 558.75

**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)(f), 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 #

James P. Craven *James P. Craven* 5/20/05