

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90013 001 \*\*\*150.00

**DOCUMENT # M21769**

1. Entity Name  
**CUBANITA FROZEN FOODS CORP.**



Principal Place of Business  
**2222 NW 21 TERRACE  
MIAMI, FL 33142**

Mailing Address  
**10720 CARIBBEAN BLVD  
440  
MIAMI, FL 33189**



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2608508**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BARBOZA, FELIX  
4055 SW 111 AVE  
MIAMI, FL**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BARBOZA, FELIX M. 4055 SW 111 AVE. MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBOZA, MARIA M. 4055 SW 111 AVE. MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARBOZA, DANIEL 8741 RIDGELAND DRIVE MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: *Felix Barboza* *Felix Barboza* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-635-4011