


2004 FOR PROFIT CORPORATION ANNUAL REPORT


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

04-12-2004 90671 023 ***150.00

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| DOCUMENT # P00000005867 |  |
| 1. Entity Name FUNCTIONAL FOODS INC. | |

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| Principal Place of Business 2930 NW 108TH AVE 10540 N.W. 26TH ST. 6-107 MIAMI, FL 33172 | Mailing Address 2930 NW 108TH AVE 10540 N.W. 26TH ST. 6-107 MIAMI, FL 33172 |
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| 03252004 No Chg-P | CR2E034 (10/03) |
| 4. FEI Number 65-0973498 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BILDA, JORGE 2930 NW 108TH AVE MIAMI, FL 33172 |
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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 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 | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVTD CRAVEIRO, AFRANIO A 2930 NW 108TH AVE 10540 N.W. 26TH ST. 6-107 MIAMI, FL 33172 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BILDA, JORGE 2930 NW 108TH AVE 10540 N.W. 26TH ST. 6-107 MIAMI, FL 33172 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 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: <u><i>Jorge Bilda</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>04/15/04</u> Daytime Phone # <u>305-4069500</u> |