

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90165 029 \*\*\*150.00

**DOCUMENT # P00000014044**

1. Entity Name  
VALENCIA FOOD CORP.



Principal Place of Business

15461 SW 137 AVE  
BAY #27  
MIAMI, FL 33177

Mailing Address

15461 SW 137 AVE  
BAY #27  
MIAMI, FL 33177

**50047371**



03242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0983386

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, HAROLD  
6830 SUNRISE PL  
MIAMI, FL 33133

*8872 SW 24TH ST  
MIAMI FL 33165*

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, ANGELO G
STREET ADDRESS	6830 SUNRISE PLACE
CITY - ST - ZIP	CORAL GABLES, FL 33133

TITLE	D
NAME	RODRIGUEZ, YAMILET
STREET ADDRESS	6830 SUNRISE PLACE
CITY - ST - ZIP	CORAL GABLES, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(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 #

*4/15/05* *7863674976*