


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90068 039 ***158.75

DOCUMENT # P00000110542	
1. Entity Name AMALIA'S INTERNATIONAL GOURMET FOODS, INC.	

Principal Place of Business 1862 S UNIVERSITY DR FORT LAUDERDALE, FL 33324-5805	Mailing Address 1862 S UNIVERSITY DR FORT LAUDERDALE, FL 33324-5805
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04060112



2. Principal Place of Business 1865 S University Dr	3. Mailing Address 1865 S University Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08102004 Chg-P CR2E034 (10/03)

City & State DAVIE, FL	City & State DAVIE, FL
Zip 33324	Country Broward
Country Broward	Zip 33324

4. FEI Number 65-1081177	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LABBAD, PAULA A 625 RANCH RD FORT LAUDERDALE, FL 33326	7. Name and Address of New Registered Agent Name LABBAD Paula A Street Address (P.O. Box Number is Not Acceptable) 1415 SW 110th Way City DAVIE FL Zip Code 33324
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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 *Paula Lbbad* **President** DATE **8/9/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LABBAD, PAULA AMALIA 235 MALBRY CT WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1415 SW 110th Way DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DAVIDOV, MARIE LUCILLE 625 RANCH RAOD WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABBAD, JUAN CARLOS 235 MALBRY CT WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABBAD, SILVIA A 235 MALBRY CT WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 235 Mallory CT Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILACH, FREDRIC H 2526 EAGLE RUN CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paula Lbbad* **President** DATE **8/9/04** DAYTIME PHONE # **954-335-3535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR