

2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-06-2004 90174 003 ***100.00
P01000017159

DOCUMENT # P01000017159

1. Entity Name
ZALES MEAT DISCOUNT MARKET, INC.



FILED

04 JUN -3 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
780 W 17TH STREET
BAY 9
HIALEAH, FL 33010

Mailing Address
780 W 17TH STREET
BAY 9
HIALEAH, FL 33010



04282004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-1076923

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, GUILLERMO
4011 W FLAGLER STREET
SUITE 403
MIAMI, FL 33134

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FEE NOW!!! FEE IS \$150.00
After May 1, 2004 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 ZAGALES, RAFAEL
STREET ADDRESS 5555 COLLINS AVENUE #12F
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D
NAME ZAGALES, AIDA
STREET ADDRESS 5555 COLLINS AVENUE #12F
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

05/03/04 00155-020-150.00

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06/09/04-01065-015-***50.00

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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:

Aida Zagales offices

4-27-04

305 883-4787

AIDA ZAGALES