

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000022825

1. Entity Name
FB FOODS INC.



Principal Place of Business
12000 BISCAYNE BOULEVARD
SUITE 104
NORTH MIAMI, FL 33181

Mailing Address
12000 BISCAYNE BOULEVARD
SUITE 104
NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1081847

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH ST
SUITE 200
MIAMI BEACH, FL 33139

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
SALGADO, WILLIAM A
12000 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COO
SMITH, DAVE
12000 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCEO
SALGADO, ALEXANDER
12000 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
LEY, JUAN CARLOS
12000 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000305142
04/14/05-80072-013 150.00

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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 entities.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER SALGADO

Date

Daytime Phone #

(305) 895-9791