

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90667 001 \*\*\*150.00

<b>DOCUMENT # P01000032871</b> 1. Entity Name <b>UNITED FOODSERVICE OF AMERICA, INC.</b>			
Principal Place of Business <b>901 NE 125TH STREET 110 NORTH MIAMI, FL 33161</b>		Mailing Address <b>901 NE 125TH STREET 110 NORTH MIAMI, FL 33161</b>	
2. Principal Place of Business <b>442 HAMPTON LANE Key BISCAYNE, FL.</b>		3. Mailing Address <b>442 HAMPTON LANE Key BISCAYNE, FL.</b>	
Suite, Apt. #, etc. <b>Key BISCAYNE, FL.</b>		Suite, Apt. #, etc. <b>Key BISCAYNE, FL.</b>	
City & State <b>33149 U.S.A.</b>		City & State <b>33149 U.S.A.</b>	
4. FEI Number <b>65-1093944</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>NOVO, MARIO 901 NE 125TH STREET NORTH MIAMI, FL 33161</b>		7. Name and Address of New Registered Agent Name <b>SARASUA, Alberto, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>442 - HAMPTON LANE</b> City <b>Key BISCAYNE FL</b> Zip Code <b>33149</b>	
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 <b>Alberto Sarasua, esq. Alberto SARASUA, ESQ. April 30, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D ARENA, ANNETTE M 901 NE 125TH STREET MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P/D ARENA, ANNETTE M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 442 - HAMPTON LANE Key BISCAYNE, FL. 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOVO, MARIO 901 NE 125TH STREET MIAMI, FL 33161 <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	VP MAJOR, BRUCE J 901 NE 125TH STREET MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAJOR, BRUCE J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 442 - HAMPTON LANE Key BISCAYNE, FL. 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOTO, GERLINDA 901 NE 125TH STREET MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOTO, Gerlinda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 442 - HAMPTON LANE Key BISCAYNE, FL. 33149
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
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: <b>Gerlinda Soto, Sct. Gerlinda Soto</b> <b>04/30/04 (305) 374-3244</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			