

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000039749

1. Entity Name
MALAGA FOOD CORP.



Principal Place of Business
**8872 CORAL WAY (S.W. 24TH ST)
MIAMI, FL 33165**

Mailing Address
**8872 CORAL WAY (S.W. 24TH ST)
MIAMI, FL 33165**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0008574

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANGELO
8872 SW 24 STREET
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000943397
05/29/08-80058-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, ANGELO G
STREET ADDRESS	6830 SUNRISE PL
CITY - ST - ZIP	COAL GABLES, FL 33133
TITLE	VD
NAME	RODRIGUEZ, YAMILET
STREET ADDRESS	6830 SUNRISE PL
CITY - ST - ZIP	COAL GABLES, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 exemptions contained in Chapter 119, 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 #