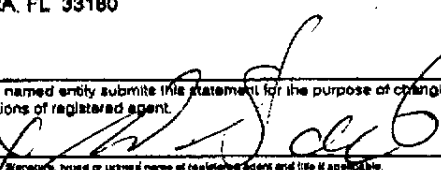
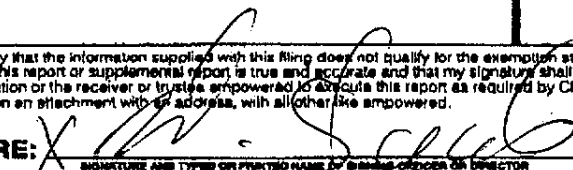


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000047278		
1. Entity Name FOOD CORP, INC.		
Principal Place of Business 3595-D NE 207TH STREET AVENTURA, FL 33180		Mailing Address 3595-D NE 207TH STREET AVENTURA, FL 33180
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-1102652		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STAUB, WERNER 3595-D NE 207TH STREET AVENTURA, FL 33180		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:  DATE: 4/19/04 (NOTE: Registered Agent signature required when re-registering)		
FILE MONTHLY 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STAUB, WERNER 3595 D NE 207TH STREET AVENTURA, FL 33180	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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:  DATE: 4/19/04 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		