


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000049551			
1. Entry Name MASSIMO FOOD CONSULTANTS, INC.			
Principal Place of Business 9415 FOUNTAINBLEAU BLVD. 206 MIAMI, FL 33172		Mailing Address 9415 FOUNTAINBLEAU BLVD. 206 MIAMI, FL 33172	
Principal Place of Business <i>9874 S.W. 27 Terrace</i>		Mailing Address <i>9874 SW 27 Terrace</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33165</i>		Zip <i>33165</i>	
Country <i>Dade</i>		Country <i>Dade</i>	
4. FEI Number 85-1122533		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAMMARELLA, MASSIMO 232 CADIMA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
8. The above named entry submits this statement for the purpose of changing its registered office or registered agents, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE <i>Massimo Mammarella</i>		DATE	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAMMARELLA, MASSIMO	NAME	<i>OFICER Hernandez</i>
STREET ADDRESS	232 CADIMA AVENUE	STREET ADDRESS	<i>9874 SW 27th Ter</i>
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	<i>MIA, FL 33165</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, addressed to the appropriate office.			
SIGNATURE: <i>Massimo Mammarella</i>		DATE	

CHRE034 (10/02)