
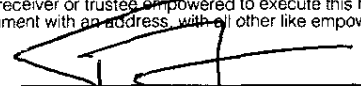


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90009 028 ***150.00

DOCUMENT # P01000050484 1. Entity Name VFJ FOOD CORP.					
Principal Place of Business 1720 NE 160TH STREET NORTH MIAMI BEACH, FL 33162			Mailing Address 1720 NE 160TH STREET NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business 4001 SW 52 AV.		3. Mailing Address 4001 SW 52 AV.			
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc. # 101			
City & State Pembroke Park		City & State Pembroke Park		4. FEI Number 65-1110163	
Zip 33023		Country FL		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANCHEZ-GOLDFORT, FERNANDO 1720 NE 160TH STREET NORTH MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANCHEZ GOLDFART, FERNANDO <input checked="" type="checkbox"/> Delete 1720 NE 160TH STREET NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANCHEZ GOLDFART, FERNANDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 SW 52 AV # 101 Pembroke Park FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANCHEZ GOLDFART, FERNANDO <input checked="" type="checkbox"/> Delete 1720 NE 160TH STREET NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANCHEZ GOLDFART, FERNANDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 SW 52 AV # 101 Pembroke Park FL 33023	
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	
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: 			09-06-04 786-200-8383		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		