

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90193 047 \*\*\*150.00

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

DOCUMENT # **PO1000055727**  
 1. Entity Name  
**ALMEIDA'S FOOD PRODUCTS, CORP**

**654054**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1632 SW 116TH AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1632 SW 116TH AVE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PEMBROKE PINES FL**

City & State  
**PEMBROKE PINES FL**

Zip  
**33025** Country  
**USA**

Zip  
**33025** Country  
**USA**

4. FEI Number  
**65-1110261**

Applied For  
 Not Applicable

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

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**TARACHE, XIOMARA**

Street Address (P.O. Box Number is Not Acceptable)  
**1632 SW 116TH AVE**

City  
**PEMBROKE PINES FL** Zip Code  
**33025**

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.

SIGNATURE *Xiomara Tarache* DATE **4/23/02**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is **\$150.00**  
 After May 1, Fee is **\$550.00**  
 Amended UBR is **\$61.25**  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	
NAME	ALMEIDA, CARLOS A.	NAME	
STREET ADDRESS	1632 SW 116TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	ALMEIDA, CESAR E.	NAME	
STREET ADDRESS	1632 SW 116TH AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	TARACHE, XIOMARA	NAME	
STREET ADDRESS	1632 SW 116TH AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	QUEVEDO, ZORAINA	NAME	
STREET ADDRESS	1632 SW 116TH AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Xiomara Tarache* DATE **4/23/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)