


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P01000064296</b><br>1. Entity Name<br><b>K B FOODS, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>590 OCEAN DRIVE APT. #7A<br/>KEY BISCAYNE, FL 33149</b> | Mailing Address<br><b>590 OCEAN DRIVE APT. #7A<br/>KEY BISCAYNE, FL 33149</b> |
|---|---|



04162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1118813</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>ROJAS, RAUL<br/>590 OCEAN DRIVE APT. #7A<br/>KEY BISCAYNE, FL 33149</b> |
|---|

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! 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

|  |   |
|--|---|
| <b>10. OFFICERS AND DIRECTORS</b>              |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ROJAS, RAUL<br/>590 OCEAN DRIVE APT. #7A<br/>KEY BISCAYNE, FL 33149</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SILLERY, ANA<br/>590 OCEAN DRIVE APT. #7A<br/>KEY BISCAYNE, FL 33149</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

UN00000117267  
04/19/04-80012-017 150.00

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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/04** **705 361 7557**  
Date Daytime Phone #