

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90196 040 \*\*\*150.00

**DOCUMENT # P01000066880**



**1. Entity Name**  
**FRESH & EASY, INC.**

**Principal Place of Business** 1749 E. HALLANDALE BCH BLVD., #196  
HALLANDALE, FL 33009-4618

**Mailing Address** 1749 E. HALLANDALE BCH BLVD., #196  
HALLANDALE, FL 33009-4618



**2. Principal Place of Business** 1835 E. Hallandale Bch Blvd.  
Suite, Apt. #, etc. 196

**3. Mailing Address** 1835 E. Hallandale Bch Blvd.  
Suite, Apt. #, etc. 196

04222004 Chg-P CR2E034 (10/03)

**City & State** Hallandale, FL

**City & State** Hallandale, FL

**Zip** 33009-4618 **Country** USA

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**4. FEI Number** 16-1631784

**Applied For** Not Applicable

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

**6. Name and Address of Current Registered Agent**

MUNOZ, GLADYS  
3909 SW 33 STREET  
HOLLYWOOD, FL 33023

**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 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** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	MUNOZ, GLADYS		<b>NAME</b>		
<b>STREET ADDRESS</b>	3909 SW 33 STREET		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	HOLLYWOOD, FL 33023		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	MUNOZ, RAFAEL		<b>NAME</b>		
<b>STREET ADDRESS</b>	3909 SW 33 STREET		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	HOLLYWOOD, FL 33023		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	CARROMERO, MELISSA		<b>NAME</b>		
<b>STREET ADDRESS</b>	3909 SW 33 STREET		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	HOLLYWOOD, FL 33023		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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:** Gladys Munoz **4-26-04** **954-961-0418**

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