

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90325 026 \*\*\*150.00

**DOCUMENT # P01000107383**

**1. Entity Name**

**FEED MEALS HEALTH FOOD, INC.**



**Principal Place of Business**

**3138 COMMEODORE PLAZA  
309  
MIAMI FL 33133**

**Mailing Address**

**3138 COMMEODORE PLAZA  
309  
MIAMI FL 33133**

**2. Principal Place of Business**

**3. Mailing Address**

**1155 Brickell Bay Dr.**

**Suite, Apt. #, etc.  
2302**

**City & State  
MIA FL**

**Zip  
33131**

**Country  
U.S.A.**



**MOORE**

**CR2E034 (11/03)**

**4. FEI Number**

**65-1153961**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

**7. Name and Address of New Registered Agent**

**TEJEDA, TRINA  
3763 S. DOUGLAS RD.  
COCONUT GROVE FL 33133**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	TEJEDA, TRINA	
<b>STREET ADDRESS</b>	3755 DOUGLAS ROAD	
<b>CITY-ST-ZIP</b>	MIAMI FL 33133	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	MARQUEZ, IBA C	
<b>STREET ADDRESS</b>	5763 DOUGLAS RD.	
<b>CITY-ST-ZIP</b>	COCONUT GROVE FL 33133	
<b>TITLE</b>	<b>William Cuotta</b>	<input type="checkbox"/> Delete
<b>NAME</b>	3763 S. Douglas Rd	
<b>STREET ADDRESS</b>	Miami Coconut Grove, Fl 33133	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	D Maria Alejandra Torres	
<b>STREET ADDRESS</b>	1155 Brickell Bay Dr. # 2302	
<b>CITY-ST-ZIP</b>	Miami, Fl, 33131	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**102/12/04**