

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000112149

1. Entity Name  
SUPREME FOOD CORP.



Principal Place of Business  
1820 N. CORPORATE LAKES BLVD.  
303  
WESTON, FL 33326

Mailing Address  
1820 N. CORPORATE LAKES BLVD.  
303  
WESTON, FL 33326

FILED

04 OCT 21 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10122004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1155141

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

DIEGO, RESTREGO L ESQ  
547 MAJORCA AVE  
MIAMI, FL 33134

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

Amended AR is \$61.25

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

T  
NAME VALLECILLA, SARA ☒ Delete  
STREET ADDRESS 1820 NORTH CORPORATE LAKES BLVD. #303  
CITY-ST-ZIP WESTON, FL 33326

300042063863 ☐ Change ☐ Addition  
10/21/04--01031--005 \*\*\$61.25

DP  
NAME VALLECILLA, CARLOS ☐ Delete  
STREET ADDRESS 1820 NORTH CORPORATE LAKES BLVD., SUITE 30  
CITY-ST-ZIP WESTON, FL 33326

☐ Change ☐ Addition

S  
NAME VALLECILLA, LILIANA ☐ Delete  
STREET ADDRESS 1820 N. CORPORATE LAKES BLVD #303  
CITY-ST-ZIP WESTON, FL 33326

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ 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: *Liliana Vallecilla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-04 954-384-8354  
Date Daytime Phone #