


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90048 042 \*\*\*150.00

<b>DOCUMENT # P02000051855</b>	
1. Entity Name <b>SOUTHERN VALLEY PRIME FOODS, INC.</b>	

Principal Place of Business <b>2614 NW 31ST STREET MIAMI FL 33142</b>	Mailing Address <b>2614 NW 31ST STREET MIAMI FL 33142</b>
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2. Principal Place of Business <b>1230 ORIOLE AVE</b>	3. Mailing Address <b>1230 ORIOLE AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI SPRINGS, FL</b>	City & State <b>MIAMI SPRINGS, FL</b>
Zip <b>33166</b>	Country <b>USA</b>
Zip <b>33166</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>MARTINEZ, RICARDO 2614 NW 31 ST MIAMI FL 33142</b>	
7. Name and Address of New Registered Agent Name <b>JOAQUIN SOUSA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1230 ORIOLE AVE</b> City <b>MIAMI SPRINGS</b> FL Zip Code <b>33166</b>	

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 *X. Joaquin Sousa* DATE **2/18/04**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, RICARDO 2614 NW 31ST STREET MIAMI FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SOUSA, JOAQUIN 2614 NW 31ST STREET MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP SOUSA, JOAQUIN 1230 ORIOLE AVE MIAMI SPRINGS FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X. Joaquin Sousa* DATE **2/18/04** DAYTIME PHONE # **305-496-4001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR