

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90041 042 ***150.00

DOCUMENT # P02000060417

1. Entity Name
DEL PACIFICO FROZEN FOODS, INC.



Principal Place of Business

**8185 SW 85 TERR.
MIAMI, FL 33143**

Mailing Address

**8185 SW 85 TERR.
MIAMI, FL 33143**

2. Principal Place of Business

8410 NW 53 TER

Suite, Apt. #, etc.

SUITE 102

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Address

8410 NW 53 TER

Suite, Apt. #, etc.

SUITE 102

City & State

MIAMI, FL

Zip

33166

Country

USA



01172004

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0705375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, ANDRADE CPA
ALHAMBRA INT'L CENTER
255 ALHAMBRA CIR., STE 720
CORAL GABLES, FL 33134**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-17-04

**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**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RODRIGUEZ, LUIS H**
STREET ADDRESS **8185 SW 85 TERR.**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **V** ☐ Delete
NAME **PARTRIDGE, DAVID G**
STREET ADDRESS **8185 SW 85 TERR.**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-04 305-594-7779