

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000060417

1. Entity Name
DEL PACIFICO FROZEN FOODS, INC.



Principal Place of Business

8410 NW 53 TER
STE 102
MIAMI, FL 33166

Mailing Address

8410 NW 53 TER
STE 102
MIAMI, FL 33166



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 renaming)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	RODRIGUEZ, LUIS H
STREET ADDRESS	8185 SW 85 TERR.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	V
NAME	PARTRIDGE, DAVID G
STREET ADDRESS	8185 SW 85 TERR.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000178150
01/12/05-80016-014 158.75

**DO NOT WRITE
IN THIS SPACE**

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 #

01/06/04 305-594-7779