2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P02000067879 1. Entity Name M & G FOODS OF MIAMI, INC.						05-03-2004	90700 0	12 ***15	0.00	
Principal Place of		Mailing Address	Mailing Address							
527 VALENCIA AVENUE #5		527 VALENCIA AVENUE #5								
CORAL GABLES, FL 33134		CORAL GABLES, FL 33134		 	. 	1 18 40 1 770 1 18	EL LEGIT H eció de			
2. Principal Place of Business		3. Mailing Address					! EB## [###			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· 	04102004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Number 01-0737354			No.	oplied For of Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent		
VAZQUEZ, NELSON				Name						
527 VALENCI		Street Address			(P.O. Box Number is Not Acceptable)					
		City			<u></u>		-	Zip Cod	e	
9. The object and		ragistar	ad agent of he	th in the State of Ele	FL					
the obligations	ned entity submits this statement for registered agent.	in the purpose of changing its f	egistered dirice of	register	ed agent, or bo	in, in the State of Fic	inca. Tami	artiillar witti,	and accept	
SIGNATURE	ature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signat	ire required	when reinstating)		DATE			
FILE N After May	IOWIII FEE IS \$150.00 1, 2004 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5 .	00 May Be	1 -	,		. ` .	
10.	OFFICERS AND		11.		ADDITIONS.	CHANGES TO OFF	ICERS AND			
TITLE D	AZQUEZ, NELSON	☐ Delete	TITLE NAME				,	☐ Change	☐ Addition	
STREET ADDRESS 52	7 VALENCIA AVE., #5		STREET ADDRESS						į	
CITY-ST-ZIP CC	ORAL GABLES, FL 33134	☐ Delete	CITY-ST-ZIP TITLE			,		☐ Change	☐ Addition	
NAME		. Delete	NAME			•		[] distinge		
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP						ļ	
THILE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				_	☐ Change	☐ Addition	
NAME Street address			NAME STREET ADDRESS						ļ	
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		Delete	TITLE NAME	<u> </u>				☐ Change	☐ Addition (
STREET ADDRESS		, &.	STREET ADDRESS						. [
CITY-ST-ZIP ;	•	Delete	CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME .		. Li Delete	NAME		· :				ا ۱۱۵۵۱۱۱۵۰۰ ــــا	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
12. I hereby certi indicated on to of the corpora	fy that the information supplied with this report or supplemental report is ation or the receiver or trustee emp	n this filing does not qualify for s true and accurate and that m owered to execute this report a	the exemption sta y signature shall has required by Cha	ted in Se ave the apter 607	ection 119.07(3) same legal effe , Florida Statute	(i), Florida Statutes. I of as if made under o es; and that my name	further cert path; than a appears in	ify that the i m an officer Block 10 o	nformation or director r Block 11 if	
Changed, or on an adactiment war an address, with an other line empowered.										
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description Priore #										