2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000085269

1. Entity Name
OLD FASHION FOODS U.S.A., INC.

Principal Place of Business	Mailing Address
8664 NW 2ND LANE MIAMI, FL 33126	8664 NW 2ND LANE MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

07072004   No Chg-P   _ CR2E034 (10/03)

4. FEI Number	Applied For
04-3708757	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

PRIEDE, LILLIAM L
8664 NW 2ND LANE
MIAMI, FL 33126

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000164833
07/09/04-80005-017 550.00

10.	OFFICERS AND DIRECTORS		
TITLE	PD		
NAME	PRIEDE, LILLIAM L		
STREET ADDRESS	8664 NW 2ND LANE		
CITY-ST-ZIP	MIAMI, FL 33126		
TITLE	D		
NAME	PRIEDE, ERNESTO		
STREET ADDRESS	8664 NW 2ND LANE		
CITY-ST-ZIP	MIAMI, FL 33126		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ Lilliam Priede P.D   07-07-04   305-264-6927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #