

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000117949

1. Entity Name

EL TALISMAN CUBANO FOOD CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 JUN 29 PM 12:12

Principal Place of Business
2621 West Flagler Street
Miami Florida 33135

Mailing Address
1600 S.W. 97th Avenue
Miami Florida 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



05482004 Chg-P CR2E034 (10/03)

4. FEI Number **52-2385744**

Additional Fee Required

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ALVAREZ, MARIA
5428 SW 131 Ct
Miami FL 33175~~

Name **CASTRO, JESUS G.**

Street Address (P.O. Box Number is Not Acceptable)

1600 S.W. 97th Avenue

City **Miami**

FL

Zip Code

33165-7632

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

JESUS G. CASTRO

6/20/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, MARIA	
STREET ADDRESS	5428 SW 131 Ct	
CITY-ST-ZIP	Miami FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESUS G. CASTRO	
STREET ADDRESS	1600 S.W. 97th Avenue	
CITY-ST-ZIP	Miami Florida-33165-7632	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000039031430
07/13/04--01003--014 **150.00

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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

JESUS G. CASTRO

6/20/04 (305) 362-9139

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Florida