

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90441 045 ***158.75

DOCUMENT # P02000119500

1. Entity Name
R & R BABY FOODS, INC.



Principal Place of Business
**80 PONDELLA ROAD
NORTH FORT MYERS, FL 33903**

Mailing Address
~~1005 PALMETTO STREET
CLEWISTON, FL 33440~~

2. Principal Place of Business

3. Mailing Address
3323 PELICAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State
CAPE CORAL, FL.

4. FEI Number

46-0507932

Applied For

Not Applicable

Zip

Country

Zip

33914

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~LARA, RUTH Y
1005 PALMETTO ST.
CLEWISTON, FL 33440~~

7. Name and Address of New Registered Agent

Name **JAVIER HERNANDEZ-DIAZ**

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

3323 PELICAN BLVD.

City **CAPE CORAL.**

FL

Zip Code **33914**

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

**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 PD ☒ Delete
NAME ~~LARA, RUTH Y~~
STREET ADDRESS ~~1005 PALMETTO ST.~~
CITY-ST-ZIP ~~CLEWISTON, FL 33440~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **JAVIER HERNANDEZ-DIAZ**
STREET ADDRESS **3323 PELICAN BLVD.**
CITY-ST-ZIP **CAPE CORAL. FL. 33914**

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

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

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

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

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

04/20/04 (239) 540-7859
Date Daytime Phone #