

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90003 047 \*\*\*150.00

**DOCUMENT # P02000128900**

1. Entity Name  
NMB FOOD STORE, CORP.



Principal Place of Business  
17010A WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160

Mailing Address  
17010A WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160

**54064754**



07212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4225754

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ESPINAL, RAMON D  
17010A WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160

**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 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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ESPINAL, RAMON D  
17010A WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

57064754



**ROMAN A. ALFONSO, ACCOUNTANT**

PALMETTO OFFICE PARK

7801 Coral Way • Suite 113 • Miami, Florida 33155 • (305) 261-5864

Miami, Florida

July 21, 2004

Division of Corporation

Tallahassee, Florida.

Dear/Madam

RE: Annual Report 2004

P02000128900

NMB FOD STORE INC

Attached copy of the Annual Report of the reference, find in the Internet because never was received.

I appreciate very much your cooperation to file this report.

Any additional data please contact me.

Roman A Alfonso

Accountant