2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED May 03, 2004 08:00 AN Secretary of State

	ANNUAL	REPORT	
DOCUMENT #	P02000132	318	

1. Entity Name

FAVORABLE FOODSTUFFS, INC.



Principal Place of Business

2014 ALTA MEADOWS LANE

APT. 312

DELRAY BEACH, FL 33444 US

Mailing Address

2014 ALTA MEADOWS LANE

APT, 312

DELRAY BEACH, FL 33444



04292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 81-0587289 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PINCUS, STEVEN G 2014 ALTA MEADOWS LANE APT. 312 DELRAY BEACH, FL 33444

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DELICAT BEAUT, FL 33444		IN THIS STAGE			
8. The above the obligat	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	ed office or a	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title t	applicable. (NOTE, Registered	i Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS .			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINCUS, STEVEN G 2014 ALTA MEADOWS LANE DELRAY BEACH, FL 33444				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/04/04-80070-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	
12. Thereby c	ertify that the information supplied with this fill	no does not qualify for the even	notion state	d in Section 110 07/21/	Storida Cintura I further parties that the information

12. I hereby certify that the information supplied with this filling 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 receive or trusted 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 piner like empowered.

SIGNATURE: X

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04-28-04

561-276-3787

Date

Daytime Phone II