

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042303

FILED  
Apr 09, 2004  
Secretary of State

Entity Name: LA MERGUEZ EXOTIC FOODS, INC.

## Current Principal Place of Business:

4700 N HILLS DR  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

4700 N HILLS DR  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 41-2092023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUDNER, BONNIE  
4700 N HILLS DR  
HOLLYWOOD, FL 33021

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: BENAKSAS, ALBERT  
Address: 4700 N. HILLS DRIVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Change (X) Addition  
Name: RUIDNER, BONNIE  
Address: 4700 N. HILLS DRIVE  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE RUDNER

VP

04/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date