

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90012 017 ***150.00

DOCUMENT # P03000048197

1. Entity Name
MOTI FOODS, INC.



Principal Place of Business
**4335 NW SOUTH TAMIAMI CANAL DRIVE
SUITE 214
MIAMI, FL 33126**

Mailing Address
**701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131**

2. Principal Place of Business
366 E. Palmetto Park Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004

Chg-P

CR2E034 (10/03)

City & State
Boca Raton FLA

City & State

4. FEI Number
03-0516753

Applied For
Not Applicable

Zip
33432

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE SUITE 3000
MIAMI, FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 \$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 **D** ☐ Delete
NAME **TINTI, ANNA MARIA**
STREET ADDRESS **4335 NW S. TAMIAMI CANAL DR. SUITE 214**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☐ Delete
NAME **MONEGATTI, GIANCARLO**
STREET ADDRESS **4335 NW S. TAMIAMI CANAL DR. SUITE 214**
CITY-ST-ZIP **MIAMI, FL 33126**

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 **DPT** ☒ Change ☐ Addition
NAME **Tinti, Ana Maria**
STREET ADDRESS **366 E PALMETTO PK RD**
CITY-ST-ZIP **BOCA RATON FLA 33432**

TITLE **DVPS** ☒ Change ☐ Addition
NAME **Monegatti, Giancarlo**
STREET ADDRESS **366 E PALMETTO PK RD**
CITY-ST-ZIP **BOCA RATON FLA 33432**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giancarlo Monegatti **MONEGATTI GIANCARLO**

03/25/04 (561) 750-2333

Date

Daytime Phone #