

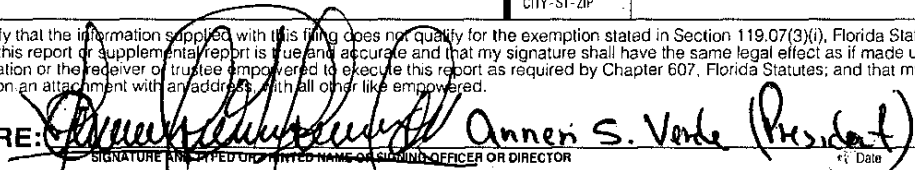


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90385 033 ***150.00

DOCUMENT # P03000050457					
1. Entity Name BEST CENTROAMERICAN FOODS, INC.					
Principal Place of Business 441 NW 36TH ST MIAMI, FL 33127		Mailing Address 441 NW 36TH ST MIAMI, FL 33127			
2. Principal Place of Business 4941 NW 192ND STREET		3. Mailing Address 4941 NW 192ND STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA,		City & State MIAMI FLORIDA		4. FEI Number 43-2013578	
Zip 33055		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONTRERAS, CARLOS R 315 NE 27TH ST #1 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name YURI A. IZURIETA Street Address (P.O. Box Number is Not Acceptable) 4941 NW 192ND STREET City MIAMI FL Zip Code 33055		
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 		YURI A. IZURITA		3-30-04 DATE	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERDE, ANNERI S	NAME			
STREET ADDRESS	315 NE 27TH ST #1	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERDE, GUILLERMO A	NAME			
STREET ADDRESS	315 NE 27TH ST #1	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP			
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONTRERAS, CARLOS R	NAME	YURI A. IZURIETA		
STREET ADDRESS	315 NE 27TH ST #1	STREET ADDRESS	4941 NW 192ND STREET		
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP	MIAMI FL, 33055		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAVARROAS, JOSE A	NAME			
STREET ADDRESS	315 NE 27TH ST #1	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		Anneri S. Verde (President)		3/30/04 DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

24034668



01282004 Chg-P CR2E034 (10/03)