

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90274 016 ***150.00

DOCUMENT # P03000086132 1. Entity Name M & L GENERAL FOODS, INC.					
Principal Place of Business 4509 N. ARMENIA AVENUE TAMPA, FL 33603-2703 3				Mailing Address 4509 N. ARMENIA AVENUE TAMPA, FL 33603-2703 3	
2. Principal Place of Business 5410 PIONEER PARK		3. Mailing Address P.O. BOX 260277			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02172005 Chg-P CR2E034 (10/03)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 20-0116170	
Zip 33634		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PACHECO, FELIPE R 4509 N. ARMENIA AVENUE TAMPA, FL 33603-2703				7. Name and Address of New Registered Agent Name MATIAS MILLA Street Address (P.O. Box Number is Not Acceptable) 5410 PIONEER PARK BLVD City TAMPA FL Zip Code 33634	
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 DATE 4/1/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLA, MATIAS 4509 N. ARMENIA AVENUE TAMPA, FL 336032703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5410 PIONEER PARK BLVD TAMPA, FL, 33634		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBREROS, HEBERT 4509 N. ARMENIA AVENUE TAMPA, FL 336032703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLA, MATILDE Z 4509 N. ARMENIA AVENUE TAMPA, FL 336032703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5410 PIONEER PARK BLVD TAMPA, FL, 33634		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLANO LIBREROS, MARGARITA 4509 N. ARMENIA AVENUE TAMPA, FL 336032703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MADLEIN M. FERLITA 3116 W. NORRISON TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			Date 4/1/05 Daytime Phone # 813-240-4178		