

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000095087

1. Entity Name
E & M CREAMERY, INC.



**FILED
Mar 05, 2004 8:00 am
Secretary of State**

03-05-2004 90016 038 ***150.00

Principal Place of Business _____ Mailing Address _____
10220 ASHLEY OAKS DR. RIVERVIEW, FL 33569

2. Principal Place of Business

3. Mailing Address

1232 Kingsway Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

Zip 33510

Country USA

Zip 33510

Country USA

6. Name and Address of Current Registered Agent

AGRINZONIS, MARISOL
4710 DOVER CLIFF CT.
DOVER, FL 33527

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 is pen or printed name of registered agent and shall be applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/04

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARIAS, ELIZABETH 10220 ASHLEY OAKS DR. RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGRINZONIS, MARISOL 4710 DOVER CLIFF CT. DOVER, FL 33527	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Elizabeth Arias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04 6723937
Date Daytime Phone #