

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-05-2004 90016 038 ***150.00

DOCUMENT # P03000095087

1. Entity Name
E & M CREAMERY, INC.



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.

City & State City & State
Brandon FL
Zip Country Zip Country
33510 USA 33510 USA



01212004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
45-0523256 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *Marisol*

Signature, typed or printed name of registered agent and title, if 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARIAS, ELIZABETH	
STREET ADDRESS	10220 ASHLEY OAKS DR.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AGRINZONIS, MARISOL	
STREET ADDRESS	4710 DOVER CLIFF CT.	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARIAS, ELIZABETH	
STREET ADDRESS	10220 ASHLEY OAKS RD.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AGRINZONIS, MARISOL	
STREET ADDRESS	4710 DOVER CLIFF CT.	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Elizabeth Arias

Date

1/31/04

Daytime Phone #

6723937