
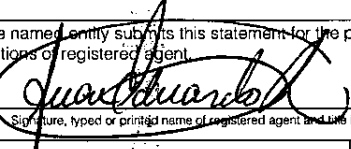
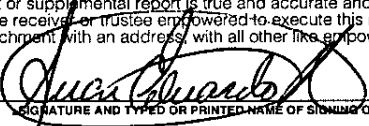


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90738 023 \*\*\*150.00

<b>DOCUMENT # P03000099192</b> 1. Entity Name <b>CARIBBEAN MEAT AND FISH MARKET, INC.</b>					
Principal Place of Business <b>11820 W. DIXIE HWY. MIAMI, FL 33161</b>			Mailing Address <b>11820 W. DIXIE HWY. MIAMI, FL 33161</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0224620</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, HECTOR 11820 W. DIXIE HWY. MIAMI, FL 33161</b>				7. Name and Address of New Registered Agent Name <b>JUAN E RODRIGUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>11820 W. DIXIE HWY</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33161</b>	
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 <b>4/12/04</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RODRIGUEZ, HECTOR <input checked="" type="checkbox"/> Delete 6930 NW 179TH ST., APT. 201 MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PTD RODRIGUEZ, JUAN E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11820 W. DIXIE HWY MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, JUAN E <input type="checkbox"/> Delete 600 W. 140TH ST. 2-D NEW YORK, NY 10031		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIESES, MINERVA 11820 W. DIXIE HWY MIAMI FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete MIESES, MINERVA 600 W. 140TH ST. 2-D NEW YORK, NY 10031		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: 			4/12/04 (305) 8998187 <small>Date Daytime Phone #</small>		