

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90313 015 ***150.00

DOCUMENT # P03000146334					
1. Entity Name T.J.D. FOOD CORP.					
Principal Place of Business 2701 LEJEUNE RD STE: 407 CORAL GABLES, FL 33134			Mailing Address 2701 LEJEUNE RD STE: 407 CORAL GABLES, FL 33134		
2. Principal Place of Business 10301 NW 7 AVE Suite, Apt. #, etc.		3. Mailing Address 10301 NW 7 AVE Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI, FL		4. FEI Number 20-1016824	
Zip 33150		Country MIAMI DANE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, GASTON R ESQ 2701 LEJEUNE RD STE: 407 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name: OSIRIS DIAZ Street Address (P.O. Box Number is Not Acceptable): 10301 NW 7 AVE City: MIAMI FL Zip Code: 33150		
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: <i>Osiris Diaz</i> DATE: 4/25/05 <small>Signature: Typed or printed name of registered agent and title, if applicable. (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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, OSIRIS 2701 LEJEUNE RD. STE: 407 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIAZ, INEZ 2701 LEJEUNE RD. STE: 407 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Osiris Diaz</i> DATE: 4/25/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					