


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90016 005 \*\*\*150.00

<b>DOCUMENT # P03000150888</b> 1. Entity Name <b>EL CONDOR FOOD, CORP.</b>					
Principal Place of Business <b>7417 S.W. 152ND AVENUE MIAMI, FL 33193</b>			Mailing Address <b>7417 S.W. 152ND AVENUE MIAMI, FL 33193</b>		
2. Principal Place of Business <b>12825 SW 42 ST</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Miami - Florida</b>		City & State _____		4. FEI Number <b>14 190 0890</b>	
Zip <b>33175</b>	Country <b>Dade</b>	Zip _____	Country _____	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AGUDELO, MARIANO E 7417 S.W. 152ND AVENUE MIAMI, FL 33193</b>				7. Name and Address of New Registered Agent Name <b>Ibeth Martinez</b> Street Address (P.O. Box Number is Not Acceptable) <b>12825 SW 42 Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33175</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 <b>Ibeth Martinez</b> <b>Ibeth Martinez</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, IBETH 12825 SW 42ND ST. MIAMI, FL 33193		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSORIO, JAVIER 7417 S.W. 152ND AVENUE MIAMI, FL 33193		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGUDELO, MARIAN E 7417 S.W. 152ND AVENUE MIAMI, FL 33193		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <b>Ibeth Martinez</b> <b>2/6/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**54007596**



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