


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90076 025 ***150.00

DOCUMENT # P04000016883					
1. Entity Name MAJIQUE FOOD, INC.					
Principal Place of Business 37511 LOCK STREET DADE CITY, FL 33523 US			Mailing Address 37511 LOCK STREET DADE CITY, FL 33523 US		
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 27-0079655	
6. Name and Address of Current Registered Agent MOHAMMED, ISMAIL 37511 LOCK STREET DADE CITY, FL 33523				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
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					
10. OFFICERS AND DIRECTORS					
TITLE P	NAME MOHAMMED, ISMAIL				
STREET ADDRESS 37511 LOCK STREET	CITY-ST-ZIP DADE CITY, FL 33523				
<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE 	NAME				
STREET ADDRESS	CITY-ST-ZIP				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					