


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90379 034 ***150.00

DOCUMENT # P04000105096

1. Entity Name
FLORIMEX FOOD CORPORATION



Principal Place of Business
**5410 PIONEER PARK BOULEVARD, SUITE D
 TAMPA, FL 33634**

Mailing Address
**5410 PIONEER PARK BOULEVARD, SUITE D
 TAMPA, FL 33634**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

02172005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**MILLA, MATIAS
 5410 PIONEER PARK BOULEVARD, SUITE D
 TAMPA, FL 33634**

4. FEI Number
20-1359052

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | MILLA, MATIAS | |
| STREET ADDRESS | 5410 PIONEER PARK BOULEVARD, SUITE D | |
| CITY-ST-ZIP | TAMPA, FL 33634 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | FERLITA, MADLEIN | |
| STREET ADDRESS | 5410 PIONEER PARK BOULEVARD, SUITE D | |
| CITY-ST-ZIP | TAMPA, FL 33634 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MILLA, MATILDE Z | |
| STREET ADDRESS | 5410 PIONEER PARK BOULEVARD, SUITE D | |
| CITY-ST-ZIP | TAMPA, FL 33634 | |
| 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 10

| | | |
|----------------|--|---|
| 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 |
| 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 officers empowered.

SIGNATURE:  DATE: **4/1/05** **013-250-478**
Signature and typed or printed name of signing officer or director