

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

02-28-2005 90240 026 ***150.00

DOCUMENT # P04000113919 1. Entity Name BOB'S FOOD, INC.			
Principal Place of Business 3785 S.W. 149 TERRACE MIRAMAR FL 33027		Mailing Address 3785 S.W. 149 TERRACE MIRAMAR FL 33027	
2. Principal Place of Business 15356 N.W. 79 Ct		3. Mailing Address 3785 S.W. 149 ter	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami Lakes, FL		City & State Miramar, FL	
Zip 33016 Country Dade		Zip 33027 Country Broward	
4. FEI Number 90-0191182		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, JOSE P 3785 S.W. 149 TERRACE MIRAMAR FL 33027		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME MORALES, JOSE P	<input type="checkbox"/> Delete	
STREET ADDRESS 3785 S.W. 149 TERRACE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIRAMAR FL 33027			
TITLE STD	NAME MORALES, CHIN H	<input type="checkbox"/> Delete	
STREET ADDRESS 3785 S.W. 149 TERRACE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIRAMAR FL 33027			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 like empowered.			
SIGNATURE: _____		2/22/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	