

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000118862**

1. Entity Name  
**VANESSA FOOD CORPORATION**



**FILED**  
05 SEP 26 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09162005 Chg-P CR2E034 (10/03)

Principal Place of Business  
**7010 SW 16 CT  
PEMBROKE PINES, FL 33026**

Mailing Address  
**7010 SW 16 CT  
PEMBROKE PINES, FL 33026**

2. Principal Place of Business  
**1327 N.E. 125<sup>TH</sup> ST.**

3. Mailing Address  
**7010 SW. 16<sup>TH</sup>**

Suite, Apt. #, etc.

City & State  
**NORTH Miami, FL**

City & State  
**Pembroke Pines, FL**

Zip  
**33161**

Country  
**Dade**

Zip  
**33023**

Country  
**Broward**

4. FEI Number  
**201504-383**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MILFORT, MICHEL  
7010 SW 16 CT  
PEMBROKE PINES, FL 33026**

7. Name and Address of New Registered Agent

Name  
**(Same) MICHEL MILFORT**

Street Address (P.O. Box Number is Not Acceptable)  
**7010 SW. 16 CT**

City  
**Pembroke Pines**

FL Zip Code  
**33023**

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 **Michel G. Milfort** DATE **9-21-05**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILFORT, MICHEL G 7010 SW 16 CT PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100060048311</b> <b>09/28/05--01051--020 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 employees.

SIGNATURE: **Michel G. Milfort** DATE **9-21-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR