

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000013696

FILED  
May 12, 2009  
Secretary of State

Entity Name: BEST QUALITY FOOD DISTRIBUTORS, INC.

**Current Principal Place of Business:**

1715 NW 79 AVENUE  
DORAL, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

1715 NW 79 AVENUE  
DORAL, FL 33126 US

**New Mailing Address:**

FEI Number: 20-2240014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE CANAL, AUGUSTA  
1715 NW 79 AVENUE  
DORAL, FL 33126 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: IRAGORRI, AMPARO  
Address: 1715 NW 79 AVENUE  
City-St-Zip: DORAL, FL 33126 US

Title: T ( ) Delete  
Name: IRAGORRI, REINALDO  
Address: 1715 NW 79 AVENUE  
City-St-Zip: DORAL, FL 33126 US

Title: S ( ) Delete  
Name: DE CANAL, AUGUSTA  
Address: 1715 NW 79 AVENUE  
City-St-Zip: DORAL, FL 33126 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REINALDO IRAGORRI

P

05/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date