

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000046820

1. Entity Name
FIDA FOODS INC.



Principal Place of Business
1217 CREEKSIDE DRIVE
WELLINGTON, FL 33414

Mailing Address
1217 CREEKSIDE DRIVE
WELLINGTON, FL 33414



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2576660

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, FIDEL A
1217 CREEKSIDE DRIVE
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALVAREZ, FIDEL A
STREET ADDRESS	1217 CREEKSIDE DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	V
NAME	FUENTES, DORIS
STREET ADDRESS	10-70 120TH
CITY-ST-ZIP	KENSINGTON, KS 69951
TITLE	V
NAME	ALVAREZ, IVAN
STREET ADDRESS	50 WILLIAM ST
CITY-ST-ZIP	N ARLINGTON, NJ 07031
TITLE	O
NAME	ALVAREZ, OMAR
STREET ADDRESS	7763 SPRINGFIELD LAKE DR
CITY-ST-ZIP	LAKEWORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/08-80004-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 OF OFFICER, DIRECTOR, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/08