

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90200 020 ***150.00

DOCUMENT # P14208

1. Entity Name
VITREX GOURMET CORP.



Principal Place of Business Mailing Address
%PABLO GARCIA-MORENO BAKER & MCKENZIE %PAVLO GARCIA-MORENO BAKER & MCKENZIE
12176 SW 128TH ST. ONE PRUDENTIAL PLAZA
MIAMI, FL 33186 US CHICAGO, IL 60601 US

2. Principal Place of Business 3. Mailing Address
8001 NW 29 STREET **8001 NW 29 STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FLORIDA **MIAMI FLORIDA**
Zip Country Zip Country
33122 **MIAMI-DADE** **33122** **MIAMI-DADE**

04232004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
58-1720956 Not Applicable

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

6. Name and Address of Current Registered Agent

CT-CORPORATION-SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **BURUAGA, DE PABLE S**
STREET ADDRESS **POL. IND. MALPICA, CALLE F, PARACELAS 90-9**
CITY-ST-ZIP **ZARAGOZA, SP 50016**

TITLE **AS** ☒ Delete
NAME **MORENO-GARCIA, PABLO**
STREET ADDRESS **130 E. RANDOLPH DR., SUITE 3600**
CITY-ST-ZIP **CHICAGO, IL 60601**

TITLE **PD** ☐ Delete
NAME **CASAJUANA PAGES, RAMON**
STREET ADDRESS **POL IND MALPICA COLLE F PARCELAS 90-9**
CITY-ST-ZIP **ZARAGOZA SPAIN, SP 50016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **JOSE J. ESPARZA**
STREET ADDRESS **8001 NW 29 STREET**
CITY-ST-ZIP **MIAMI-FL 33122**

TITLE **V** ☐ Change ☒ Addition
NAME **PEPE GARCIA**
STREET ADDRESS **POL. IND. MALPICA CALLE F PARACELAS 90-9**
CITY-ST-ZIP **ZARAGOZA, SPAIN 50016**

TITLE **S** ☐ Change ☒ Addition
NAME **IVO CASAJUANA LINDHORST**
STREET ADDRESS **POL. IND. MALPICA CALLE F PARACELAS 90-9**
CITY-ST-ZIP **ZARAGOZA, SPAIN 50016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 **305-599.3393**
Date Daytime Phone #