

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000000274

1. Entity Name
GUIXENS FOOD GROUP, INC.



Principal Place of Business
5800 NW 32ND COURT
MIAMI, FL 33142 US

Mailing Address
C/O IVAN A. GOMEZ, ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI, FL 33131



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0457536

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC
601 BRICKELL KEY DR
STE 507
MIAMI, FL 33131

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 reinstating)

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

U000000920634
05/14/08-80051-011 158 75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUIXENS, JUAN J
STREET ADDRESS	5800 NW 32ND CT
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VD
NAME	GUIXENS, JUAN J JR
STREET ADDRESS	5800 NW 32ND CT
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	SD
NAME	GUIXENS, ROSA C
STREET ADDRESS	5800 NW 32ND CT
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	TD
NAME	GUIXENS, MANUEL
STREET ADDRESS	5800 NW 32ND CT
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	GUIXENS, CHRISTINA L
STREET ADDRESS	5800 NW 32ND CT
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	GUIXENS, MAYRA C
STREET ADDRESS	5800 NW 32ND CT
CITY-ST-ZIP	MIAMI, FL 33142

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-371-9213

JUAN J. GUIXENS, PRESIDENT