


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90017 025 ***150.00

| | |
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| DOCUMENT # P94000041472 |  |
| 1. Entity Name DISHI FOOD INCORPORATED | |

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|--|--|
| Principal Place of Business 1153 N. MILITARY TRAIL W. PALM BEACH, FL 33409 | Mailing Address 1153 N. MILITARY TRAIL W. PALM BEACH, FL 33409 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



02082004 Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 65-0494680 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent PATEL, MUKESH 608 MEADOWS CIRCLE BOYNTON BEACH, FL 33462 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|--|---|
| TITLE P | <input type="checkbox"/> Delete PATEL, MUKESH 608 MEADOWS CIRCLE BOYNTON BEACH, FL 33462 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME PATEL, MUKESH | | NAME | |
| STREET ADDRESS 608 MEADOWS CIRCLE | | STREET ADDRESS | |
| CITY-ST-ZIP BOYNTON BEACH, FL 33462 | | CITY-ST-ZIP | |
| TITLE VP | <input type="checkbox"/> Delete PATEL, RANJAN 608 MEADOWS CIR BOYNTON BEACH, FL 33462 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME PATEL, RANJAN | | NAME | |
| STREET ADDRESS 608 MEADOWS CIR | | STREET ADDRESS | |
| CITY-ST-ZIP BOYNTON BEACH, FL 33462 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Mukesh Patel **MUKESH PATEL (President)** 02/17/04 561-471-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #