

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000003602**

1. Entity Name  
**PACIFIC FOOD SYSTEMS, INC.**



Principal Place of Business  
**8775 W FLAGLER ST  
MIAMI, FL 33174 US**

Mailing Address  
**7900 NW 36 ST  
MIAMI, FL 33166 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0052000**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVAREZ, VICTOR R  
7900 NW 36 ST  
MIAMI, FL 33172**

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

(NOTE: Registered Agent signature required when removing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**P  
ALVAREZ, VICTOR R  
8775 W FLAGLER ST  
MIAMI, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**000000129454  
04/26/04-80079-003 150.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP ☐ Delete

TITLE  
NAME  
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CITY, ST, ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
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CITY, ST, ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CZE

Daytime Phone #

**4/21/04 (305) 477-4225**