


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000042610 1. Entity Name INFINITY FAST FOODS, INC.	
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Principal Place of Business 7311 SW 97TH AVENUE MIAMI, FL 33173 US	Mailing Address 480 SW 82 AVENUE MIAMI, FL 33144 US
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06152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0597344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GILMORE, ROBERTO
480 SW 82 AVENUE
MIAMI, FL 33144

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILMORE, ROBERTO 480 SW 82 AVENUE MIAMI, FL 33144
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06/25/04-80001-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ROBERTO GILMORE 6/15/04 305-228-4047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #