


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90052 001 \*\*\*600.00

<b>DOCUMENT # P95000053075</b>					
<b>1. Entity Name</b> <b>AMERIFOODS TRADING COMPANY</b>					
<b>Principal Place of Business</b> 14411 COMMERCE WAY STE. 250 MIAMI, FL 33016 US			<b>Mailing Address</b> 600 CITADEL DR COMMERCE, CA 90040 US		
<b>2. Principal Place of Business</b> 600 Citadel Dr.		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Commerce, CA		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0610880	
<b>Zip</b> 90040		<b>Country</b> Los Angeles		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> C <b>NAME</b> ROEDER, ROSS <b>STREET ADDRESS</b> 600 CITADEL DR <b>CITY-ST-ZIP</b> COMMERCE, FL 90040	<input type="checkbox"/> Delete		<b>TITLE</b> Chairman & CEO <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> PHEGLEY, RICHARD N <b>STREET ADDRESS</b> 600 CITADEL DR <b>CITY-ST-ZIP</b> COMMERCE, CA 90040	<input type="checkbox"/> Delete		<b>TITLE</b> Sr. Vice Pres. & CFO <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SSVP <b>NAME</b> ALVARADO, DONALD G <b>STREET ADDRESS</b> PO BOX 2377 GMF N/A <b>CITY-ST-ZIP</b> LOS ANGELES, CA 900510877	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> SWAIN, RAYMOND <b>STREET ADDRESS</b> 600 CITADEL DR. <b>CITY-ST-ZIP</b> COMMERCE, CA 90040	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 life empowered.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-12-04 323-869-7699 <small>Date Daytime Phone #</small>		