

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

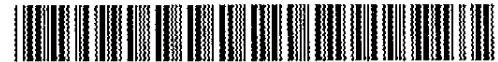
DOCUMENT # P95000054897

1. Entity Name  
RN FOOD INCORPORATED



Principal Place of Business  
3420 MAPP ROAD  
PALM CITY, FL 34990 US

Mailing Address  
3420 MAPP RD  
PALM CITY, FL 34990 US



02292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0596429

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

## 6. Name and Address of Current Registered Agent

PATEL, NAYAN  
35 BUXTON LANE  
BOYNTON BEACH, FL 33462

**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]

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

(NOTE: Registered Agent signature required when reinstating)

3/3/04  
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

U000000083641  
03/10/04-80047-011 150.00

## 10. OFFICERS AND DIRECTORS

TITLE DS  
NAME PATEL, NAYAN  
STREET ADDRESS 35 BUXTON LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33462

TITLE DP  
NAME PATEL, RAJESH  
STREET ADDRESS 49848 COOKE  
CITY-ST-ZIP PLYMOUTH, MI 48170

TITLE V  
NAME BAHOS, MIGUEL  
STREET ADDRESS 125 SW DONNA TERR  
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 807, 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04  
Date

672) 283-0621  
Daytime Phone #