2004 FOR PROFIT CORPORATION ANNUAL REPORT

DQCUMENT # P95000086711 **FILED** Apr 28, 2004 08:00 AM Secretary of State MARQUEZ FOOD CORPORATION Principal Place of Business Mailing Address 7333 HYPOLUXO FARMS RD 7333 HYPOLUXO FARMS RD LAKE WORTH, FL 33463 US LAKE WORTH, FL 33463 CR2E034 (10/03) 02242004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0670032 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARQUEZ, MARGARET DO NOT WRITE 7333 HYPOLUXO FARMS RD. LAKE WORTH, FL 33463 IN THIS SPACE 3. 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. Signalure, lyped or printed name ut registered agent and title il applicable (NOTE, Registered Agent signature required when religible (HS) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000135202 Trust Fund Contribution. Added to Fees 04/28/04-80047-020 150.00 10. OFFICERS AND DIRECTORS PSTD HILE MARQUEZ, MARGARET NAME STREET ADDRESS 7333 HYPOLUXO FARMS RD CITY-ST-ZIP LAKE WORTH, FL 33463 ШЩ NALIF MARQUEZ, MARGARET STREET ADDRESS 7333 HYPOLUXO FARMS RD CITY-ST-ZIP LAKE WORTH, FL 33463 TETLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TOTALE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP HILF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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