


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000096783	
1. Entity Name TRANSAMERICA FOOD ENTERPRISES, INC.	

Principal Place of Business 11077 N.W. 36 AVENUE MIAMI, FL 33167 US	Mailing Address 11077 N.W. 36 AVENUE MIAMI, FL 33167 US
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01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0651675	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 FYU, STANLEY 8538 GLENCAIRN LANE MIAMI LAKE, FL 33076

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YU, STANLEY F 8538 GLENCAIRN LANE MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V YEE, KAN 6030 NW 62 CT PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S YU, WINNIE 8538 GLENCAIRN LANE MIAMI LAKE, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/04-80017-005 150.00

**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)(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:  **1/15/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #