


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90088 016 \*\*\*150.00

<b>DOCUMENT # P96000060346</b>			
1. Entity Name <b>CRIOLLOS FOOD DISTRIBUTORS, INC.</b>			
Principal Place of Business <b>3675 NW 67ST MIAMI FL 33147 US</b>		Mailing Address <b>3675 NW 67ST MIAMI FL 33147 US</b>	
2. Principal Place of Business <b>3675 N.W. 67ST.</b>		3. Mailing Address <b>3675 N.W. 67ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL.</b>		City & State <b>Miami, FL.</b>	
Zip <b>33147</b>	Country <b>United U.S.</b>	Zip <b>33147</b>	Country <b>U.S.</b>
6. Name and Address of Current Registered Agent  <b>ALFONSO, JORGE M 13272 SW 54 COURT HOLLYWOOD FL 33027</b>		7. Name and Address of New Registered Agent  Name <b>Jorge M. Alfonso</b> Street Address (P.O. Box Number is Not Acceptable) <b>13272 S.W. 54 CT.</b> City <b>Miami, FL.</b> FL Zip Code <b>33027</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ALFONSO, JORGE M 13272 SW 54 COURT MIRAMAR FL 33207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ALFONSO, MAGALY M 13272 S.W. 54 COURT MIRAMAR FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

**SIGNATURE:** Jorge M. Alfonso Jorge M. Alfonso 1/24/05 (305) 691-7923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #