

FILED
Jun 01, 2004 8:00 am
Secretary of State

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05-10-2004 90482 045 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000099535			
1. Entity Name LIFEFOODS, INC.			
Principal Place of Business 3615 NE 207TH ST 2701 NW 183 ST #3212 MIAMI, FL 33180 MIAMI, FL 33056		Mailing Address 514 PALERMO AVE 2701 NW 183 ST #4 MIAMI, CORAL GABLES, FL 33134 FL 33056	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0756898		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARK, JOHN J 514 PALERMO AVE 2701 NW 183 ST #4 CORAL GABLES, FL 33134 MIAMI, FL 33056		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
P PARK, JOHN J 514 PALERMO AVE, #4 2701 NW 183 ST CORAL GABLES, FL 33134 MIAMI, FL 33056			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
ST PARK, HYOUNG O 514 PALERMO AVE, #4 2701 NW 183 ST MIAMI, FL 33134 MIAMI, FL 33056			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

66425671



Attachment

100425671

LIFEFOODS, Inc.

2701 NW 183RD Street Carol City, FL 33056

Tel:(305)620-4578 Fax:(305)620-3970

May 1st, 2004

Florida Department of State
Division of Corporations

• Re: 2004 UBR of Document # P96000099535 LIFEFOODS, INC.

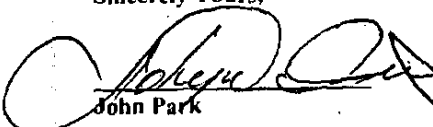
Enclosed herewith, please find my File Fee of \$150.00 for 2004 UBR.

Please note that I have my address changed -a year and half ago- and did not receive your mail so far.

The new address is as written on the copy form attached.

Your very kind care regarding this matter would be highly appreciated.

Sincerely Yours,


John Park

Encl: UBR copy