
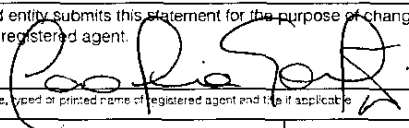
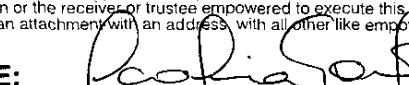


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90743 047 ***150.00

DOCUMENT # P97000006824 1. Entity Name GENERAL DELI SUPPLY, INC.					
Principal Place of Business 15990 NW 49 AVE MIAMI, FL 33014			Mailing Address 15990 NW 49 AVE MIAMI, FL 33014		
2. Principal Place of Business 13736 NORTH KENDALL DR Suite, Apt. #, etc.		3. Mailing Address 13736 NORTH KENDALL DR Suite, Apt. #, etc.			
City & State MIAMI FL 33186		City & State MIAMI FL		4. FEI Number 65-0725955	
Zip 33186		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, IGANCIO 7622 SW 129TH PLACE MIAMI, FL 33183			7. Name and Address of New Registered Agent Name Alejandra C. Gorrin Street Address (P.O. Box Number is Not Acceptable) 10574 NW 51 ST. City Miami		
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:  DATE: 04/29/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME GORRIN, JUAN		TITLE 		
STREET ADDRESS 10700 WEST FLAGLER STREET	CITY-ST-ZIP MIAMI, FL 33174		NAME 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE EVP	NAME GORRIN, ALVARO		TITLE 		
STREET ADDRESS 400 S DIXIE HWY	CITY-ST-ZIP MIAMI, FL 33146		NAME 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ST	NAME MORENO, IGNACIO		TITLE ST - VP		
STREET ADDRESS 7622 SW 129 PLACE	CITY-ST-ZIP MIAMI, FL 33183		NAME GORRIN, ALEJANDRA C.		
<input checked="" type="checkbox"/> Delete			STREET ADDRESS 10574 NW 51 ST.		
<input type="checkbox"/> Delete			CITY-ST-ZIP MIAMI FL 33178		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<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 all other like empowered.					
SIGNATURE: 			DATE: 04/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 786 5569160		