


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000007711
 1. Entity Name
 DIVISION FOOD SALES, INC.



Principal Place of Business
 3550 N.W. 112TH STREET
 MIAMI, FL 33167 US

Mailing Address
 3550 N.W. 112TH STREET
 MIAMI, FL 33167 US

DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0786652 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, STEVEN A
 200 SO BISCAYNE BLVD. STE 3150
 MIAMI, FL 33131

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 _____ (NOTE: Registered Agent signature required when revalidating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000100604
 11/11/04-30113-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ARTHUR 2800 ISLAND BLVD. STE 2801 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, CAROLE 2800 ISLAND BLVD. STE 2801 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, WILLIAM 3550 NW 112TH ST MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONTENTO, ROBERT 3550 NW 112TH ST MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ *RJ* _____ **3/30/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #