


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90150 018 ***150.00

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



01262005 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 _____
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, 2005 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	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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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)(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: Robert Contento 1/27/05 505-688-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #