

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90648 022 \*\*\*150.00

**DOCUMENT # P97000038033**

1. Entity Name

DALUFE FOOD DISTRIBUTOR, INC.



Principal Place of Business

8220 NW 199 TERR  
MIAMI FL 33015  
US

Mailing Address

PO BOX 171714  
MIAMI FL 33017-1714  
US

34031429



MOORE CR2E034 (11/03)

2. Principal Place of Business

2246 W 80 ST

3. Mailing Address

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

City & State

HEALEAH FL

City & State

Zip

33016

Country

Zip

Country

4. FEI Number

65-0748781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, JAIRO  
8220 NW 199 TERR  
MIAMI FL 33015

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME GOMEZ, JAIRO  
STREET ADDRESS 8220 N.W. 199TH TERRACE  
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ Delete  
NAME GOMEZ, JAIRO  
STREET ADDRESS 8220 N.W. 199TH TERRACE  
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME JAIRO GOMEZ  
STREET ADDRESS 2246 W 80 ST #2  
CITY-ST-ZIP HEALEAH FL 33016

TITLE ☒ Change ☐ Addition  
NAME JAIRO GOMEZ  
STREET ADDRESS 2246 W 80 ST #2  
CITY-ST-ZIP HEALEAH FL 33016

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

JAIRO GOMEZ

04-09-04

3052057216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #