2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000025351

1. Entity Name
PASCUAL DAIRY, INC.

Principal Place of Business	Mailing Address
2100 SALZEDO ST 301-B CORAL GABLES, FL 33134	2100 SALZEDO ST 301-B CORAL GABLES, FL 33134

04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0826668 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI, FL 33131

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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 resigning) 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	P
NAME	PASCUAL SANZ, TOMAS
STREET ADDRESS	2100 SALCEDO ST # 301-B
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	PASCUAL, GABRIEL E
STREET ADDRESS	2100 SALCEDO ST # 301-B
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	COMEZ CUETARA, SONIA P
STREET ADDRESS	2100 SALCEDO ST #301-B
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	TOMAS FLORENCIO PASCUAL GOMEZ-CUETARA
STREET ADDRESS	2100 SALCEDO ST #301-B
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/05-80052-007 150.00

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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)(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 address, with all other like empowered.

SIGNATURE: _____ 3/31/05 305 444 5709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #