

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000049602

1. Entity Name

MIGUEL'S FOOD ENTERPRISES, INC.



Principal Place of Business
**3035 W KENNEDY BLVD.
TAMPA FL 33609**

Mailing Address
**PO BOX #2167
SEFFNER FL 33583**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3512073**

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

**HINES, JAMES P
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606**

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, GEORGE M	
STREET ADDRESS	3035 W KENNEDY BLVD.	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PATRICIA A	
STREET ADDRESS	3035 W KENNEDY BLVD.	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, LYDIA PAULINE	
STREET ADDRESS	3035 W KENNEDY BLVD	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000192981	
CITY - ST - ZIP	01/25/05-80043-009 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000192981	
CITY - ST - ZIP	01/25/05-80043-010 8.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(c), 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:

Lydia P. Johnson - Lydia P. Johnson - 1-20-5 813-210-7112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #