2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State
08-23-2004 90018 042 ***150.00

DOCUMENT # P98000080610

1. Entity Name
LATINFOOD NETWORK CORPORATION

54069559

Principal Place of Business	Mailing Address
1200 BRICKELL AVENUE MIAMI, FL 33131	1400 NW 79TH AVENUE MIAMI, FL 33126

06072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5201 Blue Lagoon Dr. Suite, Apt. #, etc. #805
City & State	City & State Miami, FL
Zip / Country	Zip 33126 / Country

4. FEI Number 65-0906489 ☐ 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
WEILL, ROBERTO A ~~1400 NW 79 AVE~~ MIAMI, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Dr. Suite #805 City Miami FL Zip Code 33126

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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice..

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD WEILL, ROBERT A ~~1400 NW 79 AVE~~ MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5201 Blue Lagoon Dr. Suite 805 Miami, Ft 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAREY, JOHN ~~1400 NW 79 AVE~~ MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5201 Blue Lagoon Dr. Suite805 Miami, FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDBERG, RAY ~~1400 NW 79 AVE~~ MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5201 Blue Lagoon Dr. Suite805 Miami, Ft 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINSKI, MEYER ~~1400 NW 79 AVE~~ MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5201 Blue Lagoon Dr. Suite805 Miami, Ft 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKOL, MICHAEL ~~1400 NW 79 AVE~~ MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5201 Blue Lagoon Dr, Suite805 Miami, Ft 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE CESPEDES, CARLOS ~~1400 NW 79 AVE~~ MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5201 Blue Lagoon Dr. Suite 805 Miami, Ft 33126

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #