**2004 FOR PROFIT CORPORATION** ANNUAL REPORT

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1. Entity Name

C.P. VEGETABLE OIL (FLORIDA) INC.



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

04 AUG -5 AM 8: 00

Principal Place of Business

Mailing Address

601 S.W. 21ST TERRACE

601 S.W. 21ST TERRACE

FT. LAUDERDALE, FL 33312

FT. LAUDERDALE, FL 33312



07062004

No Chg-P

Applied For

4. FEI Number

65-0878660

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELLERIN, CHRISTIAN 928 NW-110 AVE PLANTATION, FL 33324 DO NOT WRITE IN THIS SPACE

	named entity submits this statement for thions of registered agent.	e purpose of changing its register	red office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE	
	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	Election Campaign Fina     Trust Fund Contribution	· ·	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DII	RECTORS		•		
TITLE NAME STREET AODRESS CITY-ST-ZIP	P PELLERIN, CHRISTIAN 928 NW 110 AVE PLANTATION, FL 33324			_		
TITLE	ST			500040288955		

VINET, CLAUDE NAME 4001 S: OCEAN DR., # 6B STREET ADDRESS HOLLYWOOD, FL 33019 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

08/18/04--01050--005 \*\*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 an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

601 SW 21st Terrace #1 Fort Lauderdale, FL 33312

## C. P Vegetable Oil (Florida), Inc.

July 2, 2004

Division Of Corporation P.O. Box 6198 Tallahassee, FL. 32314-6198

Dear Sir or Madam:

On July 1, we received a notice of intent to dissolve our company.

The 2004 annual report was mailed to you on January 15, 2004 with a check # 5553 of \$ 150 (see copy of check attached). Unfortunately, it seems that you never received the report and our payment.

We are sending you a new annual report and a new check of \$ 150 and we hope that you will cancel the late filing penalty since the failure to file was not of our doing:

Sincerely,

Mr. Christian Pellerin / President