2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State
03-02-2004 90023 004 ***158.75

DOCUMENT # P99000023669

1. Entity Name

FROZEN PRODUCTS & SERVICES, INC.

Principal Place of Business	Mailing Address
1749 HARBOR VIEW CIR. WESTON FL 33327	1749 HARBOR VIEW CIRCLE WESTON FL 33327

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
2645 Executive Park Drive	2645 Executive Park Drive
Suite, Apt. #, etc.: Suit 117	Suite, Apt. #, etc.: Suit 117
City & State: Weston - Florida	City & State: Weston - Florida
Zip: 33331 / Country: USA	Zip: 33331 / Country: USA

4. FEI Number 65-0901488 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JIMENEZ, GONZALO
1749 HARBOR VIEW CIRCLE
WESTON FL 33327

7. Name and Address of New Registered Agent

Name GARCIA, ZULLY J.
Street Address (P.O. Box Number is Not Acceptable) 1749 HARBOR VIEW CIRCLE
City WESTON FL Zip Code 33327

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] GARCIA, ZULLY J. (President) February 24,2004
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	JIMENEZ, GONZALO		NAME	GARCIA, ZULLY J.	
STREET ADDRESS	1749 HARBOR VIEW CIRCLE		STREET ADDRESS	1749 HARBOR VIEW CIRCLE	
CITY-ST-ZIP	WESTON FL 33327		CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	JIMENEZ, OLGA		NAME	ROMERO, JESUS R	
STREET ADDRESS	1749 HARBOR VIEW CIRCLE		STREET ADDRESS	1749 HARBOR VIEW CIRCLE	
CITY-ST-ZIP	WESTON FL 33327		CITY-ST-ZIP	WESTON FL 33327	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] GARCIA, ZULLY J. (President) February 24, 2004 954 385-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #