

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026076

**FILED**  
**Mar 10, 2005**  
**Secretary of State**

**Entity Name:** INTERNATIONAL QUALITY FOODS CORPORATION

**Current Principal Place of Business:**

1504 S DIXIE HWY  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

1504 S DIXIE HWY  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

**FEI Number:** 65-0905427      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMEZ, ALFRED  
2080 NE 63 COURT  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GOMEZ, ALFREDO  
Address: 2080 NE 63 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPSD ( ) Delete  
Name: LOPEZ, PAULA  
Address: 2080 NE 63 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TD ( ) Delete  
Name: GOMEZ, ANAMARIA  
Address: 3200 NORTH OCEAN BLVD., UNIT 504  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO GOMEZ

PD

03/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date