2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000026076

GOMEZ, ANAMARIA

3200 NORTH OCEAN BLVD., UNIT 504

FORT LAUDERDALE, FL 33308

Name:

Address: City-St-Zip:

Entity Name: INTERNATIONAL QUALITY FOODS CORPORATION

FILED Jan 17, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 1823 S DIXIE HWY POMPANO BEACH, FL 33060 US **Current Mailing Address: New Mailing Address:** 1823 S DIXIE HWY **UNIT 504** POMPANO BEACH, FL 33060 US FEI Number: 65-0905427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOMEZ, ALFRED 3200 N ÓCEAN BLD 504 FORT LAUDERDALE, FL 33308 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GOMEZ, ALFREDO Name: Name: 3200 NORTH OCEAN BLVD., UNIT 504 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: () Delete Title: **VPSD** Title: () Change () Addition Name: LOPEZ, PAULA Name: 3200 NORTH OCEAN BLVD., UNIT 504 Address: Address: FORT LAUDERDALE, FL 33308 City-St-Zip: City-St-Zip: Title: Title: TD () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALFREDO GOMEZ PD 01/17/2003