

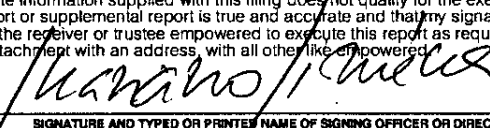


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000068513 1. Entity Name SPANISH GOURMET PRODUCTS CORPORATION						FILED 04 AUG -6 AM 8:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 8518 SW 8TH ST STE 121 MIAMI, FL 33144				Mailing Address 8518 SW 8TH ST MIAMI, FL 33144			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0952000				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JIMENEZ, MARIANO 8518 S.W. 8 ST. #121 MIAMI, FL 33144				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: D <input type="checkbox"/> Delete NAME: JIMENEZ, MARIANO STREET ADDRESS: C/ COVARRUBIAS 19 CITY-ST-ZIP: MADRID, SPAIN, 28010				TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Jimenez, Mariano STREET ADDRESS: c/ Covarrubias 19 CITY-ST-ZIP: Madrid, Spain 28010			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Ricardo Bardella STREET ADDRESS: 1620 SW 87 Place, Miami, FL 33165			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 500040251985 STREET ADDRESS: 08/17/04--01061--006 CITY-ST-ZIP: **61.25			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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:  305 8849460 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							