

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000068915		
1. Entity Name ROYAL FOOD CORP.		
Principal Place of Business 11330 NW 41ST STREET MIAMI, FL 33178	Mailing Address 11330 NW 41ST STREET MIAMI, FL 33178	
DO NOT WRITE IN THIS SPACE		



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0941427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, ANGELA G 6830 SUNRISE PLACE CORAL GABLES, FL 33133	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000098777 03/31/04-80018-010 150.00
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ANGELO G 6830 SUNRISE PL. MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, YANILET 6830 SUNRISE PL. MIAMI, FL 33155	
TITLE 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)(f), 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: _____ *Angela G Rodriguez* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #