

**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



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0941427

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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**

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 - ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

000000098777
03/31/04-80016-010 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME RODRIGUEZ, ANGELO G
STREET ADDRESS 6830 SUNRISE PL.
CITY-ST-ZIP MIAMI, FL 33155

TITLE VP
NAME RODRIGUEZ, YANILET
STREET ADDRESS 6830 SUNRISE PL.
CITY-ST-ZIP MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #