


**2005 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-06-2005 90091 019 ***150.00

DOCUMENT # P99000068915 1. Entity Name ROYAL FOOD CORP.	
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Principal Place of Business 11330 NW 41ST STREET MIAMI, FL 33178	Mailing Address 11330 NW 41ST STREET MIAMI, FL 33178
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66022805



03242005 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 <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 <i>Angela G 8872 SW 24st Miami, FL 33165</i>	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 *Angela G Rodriguez* DATE *June 13, 2005*
Signature: Typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
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
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**DO NOT WRITE
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 #