

**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.



Principal Place of Business
11330 NW 41ST STREET
MIAMI, FL 33178

Mailing Address
11330 NW 41ST STREET
MIAMI, FL 33178

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 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUEZ, ANGELA G
6830 SUNRISE PLACE
CORAL GABLES, FL 33133

*Angelo G
8872 SW 24st
Miami, FL 33165*

**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: *Angelo G Rodriguez Vice President* DATE: _____

Signature: Typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)

**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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 # _____