


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000104322  
 1. Entity Name  
 MIAMI GARDENS BABY FOOD CENTER INC.



Principal Place of Business      Mailing Address  
 766 NW 183 ST      14406 NW 88 AVENUE  
 MIAMI, FL 33169 US      MIAMI, FL 33169 US



01112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0966333      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 BLANCO, OTTO  
 14406 NW 88 AVE  
 MIAMI, FL 33018

**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: *Otto Blanco*      DATE: 1/25/05  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstalling)

**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

110000206040  
 01/31/05-80069-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLANCO, YOLANDA
STREET ADDRESS	14406 N.W. 88 AVENUE
CITY-ST-ZIP	MIAMI, FL 33018
TITLE	VTD
NAME	BLANCO, OTTO
STREET ADDRESS	14406 N.W. 88 AVENUE
CITY-ST-ZIP	MIAMI, FL 33018
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)(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: *Otto Blanco*      DATE: 1/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #