2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 298958

Entity Name: DON GREENE POULTRY, INC.

FILED Mar 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12701 NW 38 AVE OPA LOCKA, FL 33054 **Current Mailing Address: New Mailing Address:** P.O. BOX 541555 OPA LOCKA, FL 33054 US FEI Number: 59-1108006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREENE, STEPHEN 12701 NW 38 AVE OPA LOCKA, FL 33054 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LOPEZ, JUAN LOPEZ, JUAN Name: Name: 2847 SW 177 AVE 2847 SW 177 AVE Address: Address: City-St-Zip: MIRAMAR FL City-St-Zip: MIRAMAR, FL VΡ () Delete Title: Title: () Change () Addition CULLEN, JOHN Name: Name: 6301 SW 186 WAY Address: Address: FT. LAUDERDALE, FL 33332 US City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition GREENE, JEFFREY A Name: Name: 1 CENTURY LANE-VISTA 201 Address: Address: MIAMI BEACH, FL 33139 US City-St-Zip: City-St-Zip: Title: PTS () Delete Title: () Change () Addition GREENE, STEPHEN Name: Name: Address: 3400 SW 27 AVE Address: City-St-Zip: COCONUT GROVE, FL 33133 US City-St-Zip: Title: Title: () Delete () Change () Addition REISMAN, STUART Name: Name: 2458 GREENBRIER CT. Address: Address: City-St-Zip: WESTON, FL 33327 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: COLON, MARIA Name: 5800 LEONARDO ST. Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA COLON VP 03/19/2007