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 all other like empowered.

SIGNATURE: CAROLYN DELPRETE

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81790

Entity Name: SUPREME MEATS, INC.

Current Principal Place of Business:

% JOHN DELPRETE 2026 SOUTH FEDERAL HWY STUART, FL 34994

Current Mailing Address:

% JOHN DELPRETE 2026 SOUTH FEDERAL HWY STUART, FL 34994

FEI Number: 59-2619070

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DELPRETE, JOHN 2026 SOUTH FEDERAL HWY STUART, FL 33494 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:

Officer/Director Detail :			
Title	Р	Title	V
Name	DELPRETE, JOHN	Name	DEL PRETE, CAROLYN
Address	1699 SW FOXPOINT TRAIL	Address	1669 SW FOXPOINT TRAIL
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34990

Certificate of Status Desired: No

I hereby 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

Date

FILED Jan 27, 2017 Secretary of State CC9403016150

01/27/2017 Date

V