

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000006283

**Entity Name:** HARVEST MEAT COMPANY, INC.

**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC2086796392**

**Current Principal Place of Business:**

1022 BAY MARINA DRIVE  
#106  
NATIONAL CITY, CA 91950

**Current Mailing Address:**

1022 BAY MARINA DRIVE  
#106  
NATIONAL CITY, CA 91950 US

**FEI Number: 33-0639136**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title CEO  
Name LEAVY, JOHN J  
Address 1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950-6300

Title CFO  
Name JOHNSON, GREGORY  
Address 1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950

Title PRESIDENT  
Name LEAVY, KEVIN  
Address 1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR  
Name MOREY, SANJAY  
Address 1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR  
Name MORRISON, DALE  
Address 1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR  
Name KASSAR, NEIL  
Address 1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR  
Name AHMED, OSMAN  
Address 1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950

Title DIRECTOR  
Name BOULANGER, MATHIEU  
Address 1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950

**Continues on page 2**

*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 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: LEE HASKELL**

**SECRETARY**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BOYE, ANDREAS  
Address        1022 BAY MARINA DRIVE  
                  #106  
City-State-Zip: NATIONAL CITY CA 91950

Title           SECRETARY  
Name           HASKELL, LEE  
Address        1022 BAY MARINA DRIVE  
                  #106  
City-State-Zip: NATIONAL CITY CA 91950