

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000006283

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

**FILED**  
**Apr 24, 2021**  
**Secretary of State**  
**1912991451CC**

**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           TREASURER AND CHIEF FINANCIAL OFFICER  
Name           TAVAREZ, ELIAS  
Address        1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950

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

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

Title           TREASURER  
Name           JORGENSEN, JOEL  
Address        1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950

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

Title           CEO  
Name           BERGMANN, LEON  
Address        1022 BAY MARINA DRIVE #106  
City-State-Zip: NATIONAL CITY CA 91950

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

Title           DIRECTOR  
Name           BABIKIAN, SHANT  
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: SARA GANGEL**

**SECRETARY**

**04/24/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name KASSAR, NAEL  
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 AHMED, OSMAN  
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