

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90146 033 ***150.00

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DOCUMENT # 473026

1. Entity Name
PQ BEEF PROCESSORS, INC.

Principal Place of Business
**6707 NW 37TH AVENUE
 MIAMI FL 33147**

Mailing Address
~~6707 NW 37TH AVENUE
 MIAMI FL 33147~~
**2719 NW 24 ST
 MIAMI FL 33142**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
 Zip Country

4. FEI Number **59-1602828** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PERNAS, ANTONIO
 491 SW 125 AVE
 MIAMI FL**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

PASAD
APR 10 108
02685(77136)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, last of each. (NOTE: Registered Agent signature required when renewing agent.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	PERNAS, ANTONIO 491 SW 125TH AVENUE MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		
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NAME STREET ADDRESS CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, without other line or power.

SIGNATURE: * _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR