## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT #630411**

1. Entity Name

ALL FLORIDA MEAT BROKERS, INC.

**FILED** Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2338 S.W. CHATEAU TERRACE PORT ST. LUCIE, FL 34953 US 2338 SW CHATEAU TERRACE PORT ST LUCIE, FL 34953



DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1923513 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHORT, EUGENE 3001 PONCE DELEON BLVD CORAL GARLES EL 33134

SUITE 200

DO NOT WRITE

SOUNCE ONDEED, I'E SO 104				IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	ered office ar re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Regist	ared Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		· ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT JUSTICE, MARY E 2338 S.W. CHATEAU TERR. PORT ST. LUCIE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUSTICE, RAY, JR 2338 SW CHATEAU TERR. PORT ST. LUCIE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				iN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000721517 05/01/07-80149-011 150.00	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR