


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 02, 2008 08:00 AM  
Secretary of State

DOCUMENT # F24859	
1. Entity Name CARL ROSEN WHOLESALE MEATS, INC.	

Principal Place of Business 5910 SW 7TH STREET MIAMI FL 33144 US	Mailing Address 5910 SW 7TH STREET MIAMI FL 33144 US
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2. Principal Place of Business - No. P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  ROSEN, FLORIE 5910 SW 7TH ST MIAMI FL 33144
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 (not applicable) (NOTE: Registered Agent's signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	ROSEN, MICHAEL
STREET ADDRESS	4640 SW 25TH AVENUE
CITY- ST- ZIP	FT. LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	ROSEN, FLORIE
STREET ADDRESS	5910 7TH ST
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	<input type="checkbox"/> Delete
NAME	ROSEN, RONALD
STREET ADDRESS	5910 7TH ST
CITY- ST- ZIP	MIAMI, FL 00000
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	000000877060
CITY- ST- ZIP	04/11/08-80098-020 150.00
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	
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, with all other like empowered.

SIGNATURE: *Florie Rosen* 3/30/08 305-263-8983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: 10 Month: 08 Year: 2008