2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H59986

1. Entity Name
SOUTH WESTERN MEAT PACKERS, INC.

94047979

Principal Place of Business	Mailing Address
5692 NORTH EAST MCTYRE ROAD ARCADIA, FL 34266	P.O. BOX 1880 ARCADIA, FL 33821

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03052004   Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2620496	Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, LUZ J
1847 NORTHEAST FIVE ASH ST
ARCADIA, FL 34266

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 X _(signature)_

Signature, type or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 3/23/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ALONSO, CANDIDO M STREET ADDRESS 1847 NORTHEAST FIVE ASH STREET CITY-ST-ZIP ARCADIA, FL 34266	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _(signature)_   3/23/04   787-743-5117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #