


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K42341		
1. Entity Name HAL'S MEATS INCORPORATED		
Principal Place of Business 18083 NW 27TH AVENUE MIAMI, FL 33056		Mailing Address 18083 NW 27TH AVENUE MIAMI, FL 33056
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLETCHER, HALRIC 1306 N.E. 125TH TERRACE SUNRISE, FL 33323		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLETCHER, HALRIC 1306 N.W. 125 TERR. SUNRISE, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE, ROSE 12253 SW 49 CT COOPER CITY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REID, SANDRA 16822 S.W. 5 WAY WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLETCHER, LYDWEINE 1306 N.W. 125 TERR SUNRISE, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Sandra A. Reid</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/11/04</u> Daytime Phone # <u>(305) 625-2098</u>



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2917857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000004240
01/15/04-80003-019 150.00

**DO NOT WRITE
IN THIS SPACE**