2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# K42341

Entity Name: HAL'S MEATS INCORPORATED

Current Principal Place of Business:

18083 NW 27TH AVENUE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

18083 NW 27TH AVENUE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 59-2917857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLETCHER, HALRIC
1306 N.E. 125TH TERRACE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FLETCHER, HALRIC,
Address: 1306 N.W. 125 TERR.
City-St-Zip: SUNRISE, FL 33323

Title: TD ( ) Delete
Name: LAWRENCE, ROSE
Address: 2070 NW 98TH TERR
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD ( ) Delete
Name: REID, SANDRA
Address: 16822 S.W. 5 WAY
City-St-Zip: WESTON, FL 33326

Title: VPD ( ) Delete
Name: FLETCHER, LYDWEINE
Address: 1306 N.W. 125 TERR
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA A. REID SD 04/07/2009

Electronic Signature of Signing Officer or Director — Date