

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L40014	
1. Entity Name MEATS & PRODUCE, INC.	

Principal Place of Business 2473 NW 40TH AVE LAUDERHILL FL 33313 US	Mailing Address 9793 SADDLE CT LAKE WORTH FL 33467
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 65-0178777	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARKE, LYNDEN 9793 SADDLE CT LAKE WORTH FL 33467	
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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.

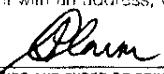
SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable) NOTE: Registered agent signature required when removing DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	CLARKE, LYNDEN
STREET ADDRESS	9793 SADDLE CT
CITY- ST- ZIP	LAKE WORTH FL 33467
TITLE	STD ☐ Delete
NAME	CLARKE, SONIA
STREET ADDRESS	9793 SADDLE CT
CITY- ST- ZIP	LAKE WORTH FL 33467
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	000000887240
STREET ADDRESS	04/21/08-80012-014 150.00
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ 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 law empowered.

SIGNATURE:  **SONIA CLARKE** Secretary 3/31/08 954-730-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation