

2006 FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90013 016 ***150.00

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01222006 Chg-P CR2E034 (11/05)

DOCUMENT # M03862						
1. Entity Name POULTRY AND INDUSTRIAL SUPPLIERS, INC.						
Principal Place of Business 12201 SW 132ND COURT MIAMI, FL 33186			Mailing Address 12201 SW 132ND COURT MIAMI, FL 33186			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number 59-2700638				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ALGER, CARLOS 7430 SW 142ND AVENUE MIAMI, FL 33183			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAVIS, MILAGRO L		NAME			
STREET ADDRESS	11850 S.W. 94TH STREET		STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33186		CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MENENDEZ, RICARDO A		NAME			
STREET ADDRESS	9527 SW 118TH PLACE		STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33186		CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALGER, CARLOS		NAME			
STREET ADDRESS	7430 SW 142ND AVENUE		STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33183		CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ✓ <i>Milagro L. Davis</i>		Date: 01-25-06		Daytime Phone #: (305) 254-6003		
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						