

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M44588

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: SOUTH MIAMI MEATS, INC.

**Current Principal Place of Business:**

990 N.W. 119 STREET  
MIAMI, FL 331682339

**New Principal Place of Business:**

**Current Mailing Address:**

990 N.W. 119 STREET  
MIAMI, FL 331682339

**New Mailing Address:**

FEI Number: 65-0044060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALFONSO, LEONEL  
520 SW 40TH CT.  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

ALFONSO, LEONEL  
335 NAVARRET ST.  
CORAL GABLES, FL 33135 US

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: LEONEL ALFONSO

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALFONSO, LEONEL,  
Address: 335 NAVARRE ST # 3  
City-St-Zip: CORAL GABLES, FL

Title: VD ( ) Delete  
Name: ARBAS, LIZETTE,  
Address: 16301 STIRLING ROAD  
City-St-Zip: FT. LAUDERDALE, FL

Title: TD ( ) Delete  
Name: ALFONSO, VICTORIA,  
Address: 16301 STIRLING ROAD  
City-St-Zip: FT. LAUDERDALE, FL

Title: SD ( ) Delete  
Name: PEDRO, ARBAS,  
Address: 16301 STIRLING ROAD  
City-St-Zip: FT. LAUDERDALE, FL

**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 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 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: LIZETTE ARBAS

VD

04/19/2004

Electronic Signature of Signing Officer or Director

Date