
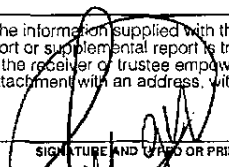


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000017159 1. Entity Name ZALES MEAT DISCOUNT MARKET, INC.		
Principal Place of Business 780 W 17TH STREET BAY 9 HIALEAH, FL 33010	Mailing Address 780 W 17TH STREET BAY 9 HIALEAH, FL 33010	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DIAZ, GUILLERMO 4011 W FLAGLER STREET SUITE 403 MIAMI, FL 33134		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>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D ZAGALES, RAFAEL 5555 COLLINS AVENUE #12F MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZAGALES, AIDA 5555 COLLINS AVENUE #12F MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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)(f), 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:  Rafael Zagales 4/26/05 (305) 649-7128 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1076923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000354367
05/03/05-80104-018 150.00

**DO NOT WRITE
IN THIS SPACE**