2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# P01000110609

Entity Name: FLORIDA CITY PACKERS, INC.

Current Principal Place of Business:

25250 S W 145 AVENUE
HOMESTEAD, FL 33032

New Principal Place of Business:

90 NW 15TH STREET
HOMESTEAD, FL 33030

Current Mailing Address:

25250 S W 145 AVENUE
HOMESTEAD, FL 33032

New Mailing Address:

90 NW 15TH STREET
HOMESTEAD, FL 33030

FEI Number: 65-1153383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIZEMORE, JOHN W
25250 S W 145 AVENUE
HOMESTEAD, FL 33032 US

Name and Address of New Registered Agent:

SIZEMORE, JOHN W
20760 SW 296 STREET
HOMESTEAD, FL 33030 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: 06/24/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIZEMORE, JOHN W
Address: 18850 S W 216 STREET
City-St-Zip: MIAMI, FL 33170

Title: V ( ) Delete
Name: KONSKY, KENETH
Address: 28243 SW 158 CT
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SIZEMORE, JOHN W
Address: 20760 SW 296 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: V (X) Change ( ) Addition
Name: KONSKY, KENNETH
Address: 28243 SW 158 CT
City-St-Zip: HOMESTEAD, FL 33033

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: JOHN SIZEMORE P 06/24/2009
Electronic Signature of Signing Officer or Director — Date