2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000041940

1. Entity Name

C & M'S FLORIDA MEAT & FISH, INC.



FILED
Jan 31, 2008 08:00 AN
Secretary of State

			1	TEST			
Principal Place of Business Mailing Address							
1281 NW 31ST AVENUE		1281 NW 31ST AVENUE					
FORT LAUDERDALE FL 33311		FORT LAUDERDALE FL 33311					
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2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	T		3 SPOSENDO DEL ERREND SIDILI ERFOR NUTILI ERETT SPESA DIN	a i ii aia ia ili aia ii	
	The state of the s	J. Morning Radiose					
Suite. Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E03	4 (10/07)	
City & State		City & State		4. FE	81-0558132		Applied For
7-		7-			01 0000102		not Applicable
Zıp	Country	Zip	Country	5. Ce	ertificate of Status Desired	\$8.75 Ac	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Na	ime and Address of New Registered		
				Name			
CHOWDHURY, SHAHID				Count Advance (D.O. Bankli sphere a Mai Anneadairte)			
1281 NW 31ST AVE			Street Al	Street Address (P.O. Box Number is Not Acceptable)			
FOR	RT LAUDERDALE FL 33311						
			City			Zip Co	ida
			Ony		FI	_ Zip 30	uç
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
SIGNATORE	Signature, typed or crimed habit of rou stored agent.	and the Tumpicacio. (AQT	Registered Agor Lagnatu	re required when reini	taling: DATE		
2.7.1% 23.4.25 F	ILE NOW!!!! FEE IS \$150.00	24,044					
After	May 1, 2008 Fee Will Be \$550.00				 Election Campaign Finand Trust Fund Centribution. 		.00 May Be
Make Chec	k Payable to Florida Department of	State			Trust Fund Ocambulicat.	□ Au	ued to, rees
10.	OFFICERS AND	DIRECTORS	11.	ADD	ITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 11
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	CHOWDHURY, SHAHID	•	NAME				
STREET ADDRESS	3228 NW 22ND AVENUE		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY+ST-ZIP	***************************************			
TITLE	D	☐ Derete	TITLE			☐ Change	☐ Addition }
NAME STREET ADDRESS	MANNAN, MOHAMMED 4427 NW 44TH ST		NAME PTOTET ADSOCCE				
CITY-ST-7IP	POMPANO BEACH FL 33073		STREFT ADDRESS CITY-ST-ZIP				
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CITY-ST-ZIP	\		CITY-ST-ZIP				
IIILL		☐ Deiete	TITLE			☐ Change	☐ Addition
NAME		_ 30 p.k	NAME			<u></u>	
STREET ADDRESS			STREET ADDRESS				
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TITLE		☐ De [;] ele	TITLE			☐ Change	☐ Addition
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TITLE		☐ De ele	πιε			Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				ļ
CITY-ST-ZIP			CITY-ST-ZIP				

12. Thereby 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 excelle 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 enderess, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-08

954-554-5401 Dayting Prioric #