

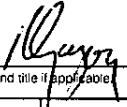
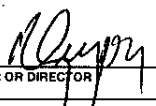


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90069 004 ***150.00

DOCUMENT # P02000120630 1. Entity Name ANDERSON MEATS CORP.					
Principal Place of Business 4300 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319-4829			Mailing Address 4300 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319-4829		
2. Principal Place of Business 3921 10th Ave. N. Suite, Apt. #, etc.		3. Mailing Address 3921 10th Ave. N. Suite, Apt. #, etc.			
City & State Lake Worth, FL		City & State Lake Worth, FL		4. FEI Number 14-1856083	
Zip 33461-2809		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUJO, RUBEN 4300 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319-4829				7. Name and Address of New Registered Agent Name LUJO, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 3921 10th Ave. N. City Lake Worth FL Zip Code 33461-2809	
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/5/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	DP LUJO, RUBEN 4300 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 333194829		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LUJO, DENISE 4300 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 333194829		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lujó, Rolando - 3921 10th Ave. N. Lake Worth, FL 33461-2809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Date 4/5/04 Daytime Phone #					