

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90049 016 ***150.00

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1. Entity Name
FLORIDA WHOLESALE MEATS, INC.



Principal Place of Business
**6541 NW 98TH DRIVE
PARKLAND, FL 33076 US**

Mailing Address
**C/O BLAKESBERG & COMPANY
951 SW 4TH AVE
BOCA RATON, FL 33432**

50004261



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0586005

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FISHMAN, KEITH S
6541 NW 98TH DRIVE
PARKLAND, FL 33076**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FISHMAN, KEITH S
STREET ADDRESS	6541 NW 98TH DRIVE
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	SECRETARY
NAME	BOWE, JOHN
STREET ADDRESS	11865 ROYAL PALM BLVD #104
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

KEITH FISHMAN
SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR

PRESIDENT

Date

561-750-8300

Daytime Phone #