
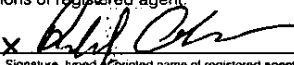



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90844 038 ***150.00

DOCUMENT # P04000025265		
1. Entity Name THEMEATDEPOT.COM INC		
Principal Place of Business 7312 VIA LEONARDO LAKE WORTH, FL 33467		Mailing Address 7312 VIA LEONARDO LAKE WORTH, FL 33467
2. Principal Place of Business - No P.O. Box # 551 N.W. 77 ST.	3. Mailing Address 551 N.W. 77 ST.	
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203	
City & State BOCA RATON, FL	City & State BOCA RATON, FL	
Zip 33487	Country U.S.A.	Zip 33487
Country U.S.A.		
6. Name and Address of Current Registered Agent ABRAHAM, RICHARD 7312 VIA LEONARDO LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name RICHARD ABRAHAM Street Address (P.O. Box Number is Not Acceptable) 551 N.W. 77 ST., #203 City BOCA RATON FL Zip Code 33487
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  DATE 4/27/07 <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, 2007 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	P ABRAHAM, RICHARD 7312 VIA LEONARDO LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P RICHARD ABRAHAM 551 N.W. 77 ST., #203 BOCA RATON, FL 33487
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
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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 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:  RICHARD ABRAHAM		DATE: 4/27/07 DAYTIME PHONE: 561-922-7974

40093300



04252007 Chg-P CR2E034 (12/06)

4. FEI Number
86-1098764

Applied For
Not Applicable

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