2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 25, 2005 8:00 am DOCUMENT # P04000032393 **Secretary of State** 1. Entity Name 07-25-2005 90096 001 ***150.00 B & M CUSTOM CUT MEAT, INC. Principal Place of Business Mailing Address 4920 SW 100TH CT MIAMI FL 33165 16170-74 NW 27TH AVE MIAMI FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 81-064-4769 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD J. DIAZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 3127 PONCE DE LEON BLVD CORAL GABLES FL 33134 Zip Code City 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** TITLE ☐ Delete TITLE Change Addition MIRANDA, MARIA NAME NAME STREET ADDRESS 16170-74 NW 27TH AVE STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ■ Addition MIRANDA, MARIA NAME NAME 16170-74 NW 27TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CLTY-ST-ZIP ☐ Delete TITLE THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: 1 SIGNING OFFICER OR DIRECTOR

FILED

Daytine Phone #

Date

TO WHOM IT MAY ATTACHMENTAN. #POTOMOS2393

THE CORPORATION OPEN FOR

BUSINESS ON MARCH 2,005 PRIOR TO THAT

DATE OR AFTER THAT DATE I NEVER

RECEIVED THE (ANNUAL REPORT FORM.)

BY THIS LETTER I AM ASKING YOU

TO PLEASE WAIVE THE LATE CHARGE FEE

OF \$400.00 SINCE I NEVER RECEIVE THIS

REPORT BEFORE.

Though you. Marin meimela BAES.

B.M. CUSTON CUT MEATS 16174 N.W. 29 auc. prime Ele. 33054