

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000128690

1. Entity Name  
CM&R FOODS, INC.



Principal Place of Business  
10201 HAMMOCKS BLVD. #143  
MIAMI, FL 33193

Mailing Address  
10201 HAMMOCKS BLVD. #143  
MIAMI, FL 33193



05092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1617782	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SAMUELS, LINSTON  
11251 SW 164TH TERRACE  
MIAMI, FL 33157

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUELS, LINSTON 11251 SW 164TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, MIKINIE A 4020 NW 191ST TERRACE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUSINS, RICHARD 9006 SW 97TH AVENUE, APT. # 4 MIAMI, FL 33176
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:** Linstron Samuels **LINSTRON SAMUELS** 5/9/2007 305-388-5118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #