2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P04000128690

Entity Name: CM&R FOODS, INC.

Current Principal Place of Business:

10201 HAMMOCKS BLVD. #143
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

10201 HAMMOCKS BLVD. #143
MIAMI, FL 33193

New Mailing Address:

FEI Number: 20-1617782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SAMUELS, LINSTRON
Address: 11251 SW 164TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: DUNN, MIKINIE A
Address: 4020 NW 191ST TERRACE
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: COUSINS, RICHARD
Address: 7425 SW 152 AVENUE BLDG 11 APT 101
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SAMUELS, LINSTON
Address: 11251 SW 164TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINSTON SAMUELS PD 05/01/2009

Electronic Signature of Signing Officer or Director Date