


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90032 013 ***150.00

DOCUMENT # P04000169554 1. Entity Name FAMILY MEAT MARKET INC	
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Principal Place of Business 1150 NW 72ND AVE., STE. 555 MIAMI FL 33126	Mailing Address 1150 NW 72ND AVE., STE. 555 MIAMI FL 33126
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E034 (10/04)

4. FEI Number **20-20 50666** Applied For
Not Applied

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

6. Name and Address of Current Registered Agent JIMENEZ, EUCLIDES 1150 NW 72ND AVE., STE. 555 MIAMI FL 33126
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS JIMENEZ, EUCLIDES 1150 NW 72ND AVE., STE. 555 MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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"/> Add
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"/> Add
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"/> Add
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"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Euclides Jimenez** 3/18/05 305-994-1573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50059216
P04000169554

FAMILY MEAT MARKET INC..
1150 N.W. 72nd Avenue #555
Miami, Florida, 33126

July 27, 2005

Florida Department of State
P.O. Box 6327
Tallahassee, Fl., 32314

Gentlemen:

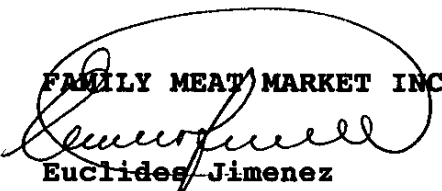
We were surprised to find out that our corporation was to be dissolved for not sending the annual report for the year 2005 as it appears we did not receive the annual report renewal from your office.

We are attaching our check for \$150.00 and respectfully request that our corporation be reinstated.

We are also attaching the annual report for the year 2005 obtained through the internet.

Thank you for your assistance in this matter.

Respectfully,


FAMILY MEAT MARKET INC.

Euclides Jimenez
Treasurer