2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 08:00 AM Secretary of State

DOCUMENT # P05000113821 1. Entity Name CIRO MEAT MARKET INC.				Secretary of Stat
Principal Place	ce of Business	Mailing Address 18904 SW 114 AVE — -	<u> </u>	
MIAMI, FL 3	33157	MIAMI, FL 33157	4	
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· ' ·				02092007 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE				4. FEI Number Applied For 20-3317418 Not Applied be
1.50				5 Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current Re	relatored Agent	<u>, , , , , , , , , , , , , , , , , , , </u>	Fee Required
19060 SW MIAMI, FL	 33157 named entity submits this statement for those of registered agent. 			DO NOT WRITE IN THIS SPACE red agent, or both, in the State of Florida. am familiar with, and accept
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	ed Agent signature required	(when reinstating) DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees
<u> </u>	OFFICERS AND DI	RECTORS 1		
; TITLE , . NAME			3. 19.	
STREET ADDRESS 19060 SW 114 CT CITY-SI-ZIP MIAMI, FL 33157			Undoppescati	
TITLE T NAME MARQUINA, CIRO STREET ADDRESS 19060 SW 114 CT CITY-ST-ZIP MIAMI, FL 33157				02/23/07-80022-022 150.00
TITLE			L	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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: Serbi

name Stréet address

NAME STREET ADDRESS CITY+ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07

305 232 0377

Daytime Phone #