2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P93000003667

THE HOUSE OF MEATS OF 45TH STREET, INC.



Principal Place of Business

202 NO. 25TH STREET FT. PIERCE, FL 34947 Mailing Address

202 NO. 25TH STREET FT. PIERCE, FL 34947

FILED Feb 16, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) No Chg-P 01072007

4.	FEI Number		Applied For
•••	65-0377972	ľ	Not Applicable
5.	Certificate of Status Desired		5 Additional

6. Name and Address of Current Registered Agent

CUMERMA, CESAR 202 NO. 25TH STREET FT. PIERCE, FL 34947

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_	Signature, typed or printed name of registered agent and little if	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		ing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS	•					
NAME STREET ADDRESS CITY-ST-ZIP	P CUMERMA, CESAR 202 NO. 25TH STREET FT. PIERCE, FL 34947				U00000640195 02/28/07-80057-004 150.00			
NAME STREET ADDRESS CITY-SI-ZIP	CUMERMA, ROBERTO 1420 OCEAN WAY #2-D JUPITER, FL 34978		•		•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
THE NAME STREET ADDRESS CITY-SI-ZIP				· ·	19. Florida Statutes, I further certify that the information			

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. NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2007 Date