


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000008739</b> 1. Entity Name <b>ANDREWS MEAT MARKET, CORPORATION</b>	
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Principal Place of Business <b>2905 ANDREWS AVE. WILTON MANORS, FL</b>	Mailing Address <b>2905 ANDREWS AVE. WILTON MANORS, FL</b>
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03032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0565002</b>	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  <b>CAMPOS, OLGA 2905 ANDREWS AVE. WILTON MANORS, FL</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000085055</b> <b>03/11/04-90092-015 159.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DECASTRO, BARTOLO 9451 NW 20TH PLACE SUNRISE, FL 33322</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PACHECO, JUAN 970 SW 50TH ST. FT. LAUDERDALE, FL 33317</b>
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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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Duane Pacheco* **03/05/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #