


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90034 025 \*\*\*150.00

<b>DOCUMENT # P95000030473</b> 1. Entity Name <b>MONTREAL SMOKED MEATS &amp; SPICES, INC.</b>					
Principal Place of Business <b>3611 OAKS CLUBHOUSE DRIVE STE 206 BLD 73 POMPANO BEACH, FL 33069</b>			Mailing Address <b>3611 OAKS CLUBHOUSE DRIVE STE 206 BLD 73 POMPANO BEACH, FL 33069</b>		
2. Principal Place of Business - No P.O. Box # <b>2759 SE 14TH STREET</b>		3. Mailing Address <b>2759 SE 14TH STREET</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>POMPANO BEACH, FL</b>		City & State <b>POMPANO BEACH, FL</b>		4. FEI Number <b>65-0573729 64-0573729</b>	
Zip <b>33062</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRED MACHLUS 1538 NW 121 DR. CORAL GABLES, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>ALLAN SENDEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2759 SE 14TH STREET</b> City <b>POMPANO BEACH</b> <b>FL</b> Zip Code <b>33062</b>			
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 <u><b>ALLAN SENDEL</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input type="checkbox"/> Delete <b>SENDEL, ALLEN</b> <b>3611 OAKS CLUBHOUSE DR STE 206 BLD 73</b> <b>POMPANO BEACH, FL 33069</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SENDEL, ALLAN</b> <b>2759 SE 14TH STREET</b> <b>POMPANO BEACH, FL 33062</b>	
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"/> Addition	
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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"/> Addition	
12. 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.					
SIGNATURE: <u><b>ALLAN SENDEL</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>Mar 18, 08</b> <small>Date</small>		