2004 FOR PROFIT CORPORATION

Apr 02, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P96000017227 1. Entity Name CARANI MEAT, INC. Mailing Address Principal Place of Business 7400 NW 7 ST. 7400 NW 7 ST. SUITE #106 SUITE #106 MIAMI, FL 33126 MIAMI, FL 33126 US US 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0647886 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TODA, ANITA V DO NOT WRITE 2127 BRICKELL AVENUE APT. 3304 IN THIS SPACE MIAMI, FL 33129 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) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TODA, ANITE V NAME STREET ADDRESS 2127 BRICKELL AVE, APT, 3304 CSTY-ST-7IP MIAMI, FL 33129 HILE U00000101410 NAME <u>_04/02/04-80012-010 150.00</u> STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-DP IN THIS SPACE TSTS F NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP - -----

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the changed, or on an atta

SIGNATURE: 丛

TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1305)262-2500

FILED