2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 08:00 AM Secretary of State

X Y - Y - 2005 305) 262-2500 Dayling Prone #

| Secretary of State Lettly Name CARANI MEAT, INC. Principal Place of Business | | | | | Apr 00, 2003 | 00.00 | |
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| TODA ANTAV B. Name and Address of Current Registered Agent TODA ANTAV 2127 PRICKELL AVENUE AMMAIL, FL. 33129 B. The above remed entity, submits this statement for the purpose of changing is registered diffice or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent a | 1. Entity Name | | | | Secretary | of State | |
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| S. Application of registered agent. 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Fordsa. I am familiar with, and acceptive obligations of registered agent. 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Fordsa. I am familiar with, and acceptive obligations of registered agent. 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Fordsa. I am familiar with, and acceptive obligations of registered agent. 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Fordsa. I am familiar with, and acceptive obligations of registered agent. 8. The above named entity submits this statement for the purpose of charging its registered agent, or both, in the State of Fordsa. I am familiar with, and acceptive obligations of registered agent. 9. Election Carnelign Financing St.0.0 May 9b Added to Fose added to Fo | | Title Lie | The second secon | | 01202005 No Chg-P CR2E034 (10/0 | 03) | |
| 6. Name and Address of Current Registered Agent TODA, ANITA V 2127 BRICKELL AVENUE APT. 3302 8. The above named entity submits this statement for the purpose of charging 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, specific preced such and florid applicable PLE NOWII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 TITLE MAKE TODA, ANITEY TODA, ANITEY DO NOT WRITE IN THIS SPACE SECTION Carribution PATE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and a | | OO NOT WRITE II | N THIS SPA | CE | | | |
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| 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 truly and accurate and that my signature shall have the same legal effect as if made under path; 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 chapter 607 on an attachment with an addition. | 12. I hereby indicated of the co | certify that the information supplied with this to on this report or supplemental report is trub reportation or the receiver or truster empowers | iling does not qualify for the ext and accurate and that my signs a to execute this report as requ | emption stated in S ature shall have the lired by Chapter 60 | section 119.07(3)(i), Florida Statutes. I further certify that t a same legal effect as if made under oath; that I am an off 07, Florida Statutes; and that my name appears in Block | he information licer or director 10 or Block 11 if | |

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR