2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90030 015 ***150.00

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03192004 Chg-P CR2E034 (10/03)

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1. Entity Name
R & M WHOLESALE MEATS AND PROVISIONS, INC.

Principal Place of Business	Mailing Address
19390 COLLINS AVE SUITE 808 MIAMI, FL 33160	19390 COLLINS AVE SUITE 808 MIAMI, FL 33160

2. Principal Place of Business	3. Mailing Address
1719 Whitehall Dr	1719 Whitehall Dr
Suite, Apt. #, etc. #402	Suite, Apt. #, etc. #402
City & State Ft Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip FL33324 Country	Zip 33324 Country

4. FEI Number 65-0670625 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLANDINI, RAYMOND PAUL
19390 COLLINS AVE
SUITE 808
MIAMI, FL 33160

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1719 Whitehall Dr
#402
City Ft Lauderdale FL Zip Code 33324

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROLANDINI, RAYMOND P 19390 COLLINS AVE 808 N MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1719 Whitehall Dr #402 Ft. Lauderdale, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] pres. 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #