


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 065857 1. Entity Name STERLING WHOLESALE MEAT & POULTRY, INC.																							
Principal Place of Business 2665 SOUTH PARK ROAD PEMBROKE PARK FL 33009			Mailing Address 2665 SOUTH PARK ROAD PEMBROKE PARK FL 33009																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																				
City & State			City & State																				
Zip	Country	Zip	Country	4. FEI Number 65-0791499 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied </div>																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CICALESE, ROBERT 2665 SOUTH PARK ROAD PEMBROKE PARK FL 33009																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 <i>[Signature]</i> 4/17/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fee																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CICALESE, ROBERT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2665 SOUTH PARK ROAD PEMBROKE PARK FL 33009</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	CICALESE, ROBERT		CITY-ST-ZIP	2665 SOUTH PARK ROAD PEMBROKE PARK FL 33009		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Change <input type="checkbox"/> Add <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>U00000517601</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>05/01/06-80053-004 150.00</td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>	STREET ADDRESS	U00000517601		CITY-ST-ZIP	05/01/06-80053-004 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **4/17/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR