


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # V20082
1. Entity Name
CABRERA'S BEEF AND PORK INC.



Principal Place of Business Mailing Address
765 WEST 27TH STREET 765 WEST 27TH STREET
HIALEAH, FL 33010 US HIALEAH, FL 33010 US

DO NOT WRITE IN THIS SPACE



01192004 No Chg-F CT2E004 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0333421 | Applied For [] Not Applicable |
| 6. Certificate of Status Desired <input type="checkbox"/> | \$5.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
CABRERA, RODOLFO
16301 NORTHWEST 122ND AVENUE
HIALEAH, FL 33016

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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 _____ DATE _____
Signature typed or printed in presence of registered agent and state officials (NOTE: Registered Agent signature required when reappointing)

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> CABRERA, RODOLFO 16301 NORTHWEST 122ND AVENUE HIALEAH, FL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> CABRERA, GRACIA 16301 NORTHWEST 122ND AVENUE HIALEAH, FL |
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01/22/04-80011-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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 807, 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 empowerment.

SIGNATURE: *Gracia H. Cabrera*
SIGNATURE AND TYPED OR PRINTED NAME OF WOMAN OFFICER/DIRECTOR

1-19-04-305-5789624
Date Signature #