## 2006 FOR PROFIT CORPORATION

## Mar 17, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000104176** PAPITOS PRODUCE CORPORATION Principal Place of Business Mailing Address 1220 NW 27TH STREET 1220 NW 27TH STREET MIAMI, FL 33142 MIAMI, FL 33142 03152006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 06-1649135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ORTIZ, GILBERTO M DO NOT WRITE 1220 NW 27TH STREET MIAMI, FL 33142 IN THIS SPACE 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 it applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ORTIZ, GILBERTO M NAME STREET ADDRESS 1220 N.W. 27 ST CITY-ST-ZIP MIAMI, FL 33142 NAME U00000470919 STREET ADDRESS 03/28/06-80033-011 150.00 CITY-ST-ZIP 7(7) F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is fue 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 trigiste 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:

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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