

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032897

FILED  
Mar 21, 2011  
Secretary of State

Entity Name: DOUBLE J HARVESTING, INC

**Current Principal Place of Business:**

4105 S. EDGEWATER CIRCLE  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 901  
LABELLE, FL 33975 US

**New Mailing Address:**

FEI Number: 20-8639624      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VARGAS, JOSE L  
4105 S EDGEWATER CIRCLE  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VARGAS, JOSE L  
Address: 4105 S EDGEWATER CIRCLE  
City-St-Zip: LABELLE, FL 33935 US

Title: VP  
Name: VARGAS, JOSE L JR.  
Address: 4055 N EDGEWATER CIRCLE  
City-St-Zip: LABELLE, FL 33935 US

Title: S/T  
Name: ARRIOLA, CAROLINA V  
Address: 701 BROWARD AVE  
City-St-Zip: LABELLE, FL 33935 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINA V. ARRIOLA

S/T

03/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date