


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90049 009 ***150.00

DOCUMENT # P05000056138
1. Entity Name
KISSIMMEE PRODUCE, INC.



Principal Place of Business: **1421 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741**
Mailing Address: **5100 OLD HOWELL BRANCH RD
WINTER PARK, FL 32792**

40016668



2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

01022007 Chg-P CR2E034 (12/06)

4. FEI Number: **29-0545271**
Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHEN, JAMES
1421 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 11	
TITLE: D <input type="checkbox"/> Delete	NAME: CHEN, JAMES	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 4951 LAKE CECIL DRIVE	CITY-ST-ZIP: KISSIMMEE, FL 34746	NAME:	STREET ADDRESS:
TITLE: VP <input type="checkbox"/> Delete	NAME: GONZALEZ, PEDRO	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2556 CROWN RIDGE CIR	CITY-ST-ZIP: KISSIMMEE, FL 34744	NAME:	STREET ADDRESS:
TITLE: S <input type="checkbox"/> Delete	NAME: SANCHEZ, FRANCISCO A	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2142 WALDEN PRK CIR APT 103	CITY-ST-ZIP: KISSIMMEE, FL 34744	NAME:	STREET ADDRESS:
TITLE: T <input type="checkbox"/> Delete	NAME: GONZALEZ, ANA J	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2138 WALDEN PARK CIR APT 101	CITY-ST-ZIP: KISSIMMEE, FL 34744	NAME:	STREET ADDRESS:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	STREET ADDRESS:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	STREET ADDRESS:

12. I hereby certify that the information supplied with this filing 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 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: *James Chen* Date: 1-2-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR