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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE BOLDT

Electronic Signature of Signing Officer/Director Detail

REGISTERED AGENT

04/30/2013

Certificate of Status Desired: No

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		
Officer/Director Detail :			
Title	P	Title	VP
Name	BOLDT, CHRISTINE	Name	ECHEVERRIA, RAUL
Address	8725 NW 18 TERRACE, SUITE 106	Address	7351 NW 7 STREET.
City-State-Zip:	DORAL FL 33172	City-State-Zip:	MIAMI FL 33126
Title	VP		
Name	FERNANDEZ, EVELIO AJR		
Address	5407 NW 72 AVE		
City-State-Zip:	MIAMI FL 33166		

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

8725 NW 18 TERRACE SUITE 106 DORAL, FL 33172

Entity Name: SOUTH FLORIDA PERISHABLES ASSOCIATION, INC.

DOCUMENT# N1200008212

Current Principal Place of Business:

Current Mailing Address:

8725 NW 18 TERRACE SUITE 106 DORAL, FL 33172

FEI Number: 45-4917917

Name and Address of Current Registered Agent:

BOLDT, CHRISTINE 8725 NW 18 TERRACE 106 DORAL, FL 33172 US

Date

Date

FILED Apr 30, 2013 Secretary of State CC1602896638