

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008212

**FILED**  
**Mar 23, 2014**  
**Secretary of State**  
**CC9709143260**

**Entity Name:** SOUTH FLORIDA PERISHABLES ASSOCIATION, INC.

**Current Principal Place of Business:**

8725 NW 18 TERRACE  
SUITE 106  
DORAL, FL 33172

**Current Mailing Address:**

8725 NW 18 TERRACE  
SUITE 106  
DORAL, FL 33172

**FEI Number:** 45-4917917

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title P  
Name BOLDT, CHRISTINE  
Address 8725 NW 18 TERRACE, SUITE 106  
City-State-Zip: DORAL FL 33172

Title VP  
Name ECHEVERRIA, RAUL  
Address 7351 NW 7 STREET.  
City-State-Zip: MIAMI FL 33126

Title VP  
Name FERNANDEZ, EVELIO AJR  
Address 5407 NW 72 AVE  
City-State-Zip: MIAMI FL 33166

*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

P

03/23/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date