2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2006 08:00 AM **DOCUMENT # 225514 Secretary of State** 1. Entity Name PRODUCE EXCHANGE CO INC Mailing Address Principal Place of Business PO BOX 11115 TAMPA FL 33680 2801 HILLSBOROUGH AVE **TAMPA FL 33610** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc tst MOORE CR2E034 (10/05) 4. FE) Number Applied For City & State City & State 59-0873334 Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIZZAFFE, CHARLIE V. Street Address (P.O. Box Number is Not Acceptable) 12001 N. BRIGHTWATER BLVD **TAMPA FL 33617** City Zip Code 6. 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 posted name of registered agent and bits (Lapple able (NOTE Registered Agent signature required when remalation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SITLE ☐ Delete THLE ☐ Change ■ Addition U00000470113 03/27/06-80029-022 **150.7**5 MAME MAME GUIDA, JAMES T STREET ADDRESS STATE FARMERS MARKET A-3 STREET ADDRESS CATY-ST-7/P POMPANO BEACH FL 33061 CUTY-ST-ZIP Delete ☐ Change Addition VD TILL TITLE GRIZZAFFE, JOHN T MAME tiatai STREET ADDRESS 9116 ROBERTS RD. STREET ADDRESS CITY-ST-2IP CHY-ST-21P ODESSA FL 33556 ☐ Catete Change Addition NAME GRIZZAFFE, CHARLIE V NAME STREET ADDRESS STRULT ADORESS 12001 N. BRIGHTWATER BLVD CHTY-ST-ZHP C11Y-S7-20P TAMPA, FL 00000 33617 ☐ Defete Change Addition TITLE RITLE NAME FLEMING, VIRGINIA G NAME STREET ADDRESS 8808 ROBERTS RD STREET ADDRESS City-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP TITLE Delete TITLE Chance Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete DILE ☐ Change 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CNY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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 attractment with an address, with all other like empowered.

SIGNATURE: Yurginia & Gleming VIRGINIA G. FLEMING 2/28/06 (813)234-4425