


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 225514 1. Entity Name PRODUCE EXCHANGE CO INC	
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Principal Place of Business 2801 HILLSBOROUGH AVE TAMPA, FL 33610	Mailing Address PO BOX 11115 TAMPA, FL 33680
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0873334	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIZZAFFE, CHARLIE V.
12001 N. BRIGHTWATER BLVD
TAMPA, FL 33617

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000589227 01/18/07-80008-012 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GUIDA, JAMES T STATE FARMERS MARKET A-3 POMPANO BEACH, FL 33061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIZZAFFE, JOHN T 9116 ROBERTS RD. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIZZAFFE, CHARLIE V 12001 N. BRIGHTWATER BLVD TAMPA, FL 00000, 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLEMING, VIRGINIA G 8808 ROBERTS RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Virginia G. Fleming - VIRGINIA G. FLEMING (813) 234-4425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #