


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90338 015 ***150.00

DOCUMENT # 232269	
1. Entity Name FRADEN'S PRODUCE, INC.	

Principal Place of Business 3335 N EDGEWOOD AVENUE JACKSONVILLE FL 32205 US	Mailing Address 3335 N EDGEWOOD AVENUE JACKSONVILLE FL 32205 US
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2. Principal Place of Business 2208-B WEST 21ST STREET Suite, Apt. #, etc. JACKSONVILLE, FLORIDA, 32209	3. Mailing Address Suite, Apt. #, etc. City & State City & State Zip Country
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1st MOORE CR2E034 (10/04)

4. FEI Number 59-0881970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRADEN, LOUIS 3335 N EDGEWOOD AVENUE JACKSONVILLE FL 32205 2208-B WEST 21ST STREET JACKSONVILLE, FLA, 32209	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRADEN, WILLIAM 3335 N. EDGEWOOD AVE JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2208-B WEST 21ST STREET JACKSONVILLE, Florida, 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRADEN, LOUIS 3335 N. EDGEWOOD AVE JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ↓
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALTERMAN, SHELLEY 3335 N. EDGEWOOD AVE JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ↓
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREENBERG, ZELDA 3335 N. EDGEWOOD AVE JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ↓
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRADEN, ANDREW 3335 N. EDGEWOOD AVE JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ↓
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:  **WILLIAM FRADEN** **4/15/05** **904-353-8431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #