

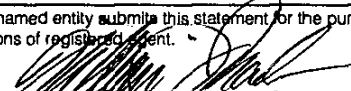
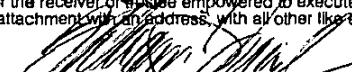


FILED
Apr 27, 2006 8:00 am
Secretary of State

40067575

DOCUMENT # 232269 1. Entity Name FRADEN'S PRODUCE, INC.				Secretary of State 04-27-2006 90209 050 ***150.00	
Principal Place of Business 2208-B W 21ST STREET JACKSONVILLE, FL 32209 US		Mailing Address 2208-B W 21ST STREET JACKSONVILLE, FL 32209 US		40067575 	
2. Principal Place of Business 5415 Longleaf Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 12409 Suite, Apt. #, etc.		04242006 Chg-P CR2E034 (11/05)	
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-0881970	
Zip 32209 Country		Zip 32209 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRADEN, LOUIS 2208-B W 21ST STREET JACKSONVILLE, FL 32209				7. Name and Address of New Registered Agent Name William Fraden Street Address (P.O. Box Number is Not Acceptable) 5415 Longleaf Street City Jacksonville FL Zip Code 32209	
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  William Fraden Vice President 4-24-06 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DV NAME FRADEN, WILLIAM STREET ADDRESS 2208-B W 21ST STREET CITY-ST-ZIP JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 5415 Longleaf Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP		
TITLE DP NAME FRADEN, LOUIS STREET ADDRESS 2208-B W 21ST STREET CITY-ST-ZIP JACKSONVILLE, FL 32209 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DT NAME ALTERMAN, SHELLY STREET ADDRESS 2208-B W 21ST STREET CITY-ST-ZIP JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete			TITLE DT NAME STREET ADDRESS 5415 Longleaf Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP		
TITLE DS NAME GREENBERG, ZELDA STREET ADDRESS 2208-B W 21ST STREET CITY-ST-ZIP JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete			TITLE DP NAME STREET ADDRESS 5415 Longleaf Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP		
TITLE D NAME FRADEN, ANDREW STREET ADDRESS 2208-B W 21ST STREET CITY-ST-ZIP JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete			TITLE DS NAME STREET ADDRESS 5415 Longleaf Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP		
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 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:  Vice President 4-24-06 (404) 354-4994 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					