

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 241803

FILED
Apr 15, 2009
Secretary of State

Entity Name: CARNIVAL FRUIT COMPANY

Current Principal Place of Business:

475 NE 185TH ST.
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1390 ENCLAVE PARKWAY
HOUSTON, TX 77077 US

New Mailing Address:

FEI Number: 59-0912477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LASKO, JONATHON
Address: 475 N.E. 185TH ST
City-St-Zip: N.MIAMI BCH, FL 33179

Title: AS () Delete
Name: DEECK, SCOTT
Address: 475 NE 185TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T () Delete
Name: DRUMMOND, KIRK G
Address: 1390 ENCLAVE PKWY.
City-St-Zip: HOUSTON, TX 77077

Title: AS () Delete
Name: BROOKS, CONNIE S
Address: 1390 ENCLAVE PKWY
City-St-Zip: HOUSTON, TX 77077

Title: VP () Delete
Name: STURGEON, BRIAN M
Address: 1390 ENCLAVE PKWY.
City-St-Zip: HOUSTON, TX 77077

Title: D () Delete
Name: STURGEON, BRIAN M
Address: 1390 ENCLAVE PARKWAY
City-St-Zip: HOUSTON, TX 77077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE S. BROOKS

AS

04/15/2009

Electronic Signature of Signing Officer or Director

Date