

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 250083

1. Entity Name
DUTCH PACKING CO., INC.



Principal Place of Business

4115 NW 28TH ST
MIAMI, FL 33142

Mailing Address

4115 NW 28TH ST
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-0937168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAUL B
4115 NW 28 ST
MIAMI, FL

**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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000738810
01/30/08-80045-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALO, RODRIGUEZ
STREET ADDRESS 4115 NW 28 ST.
CITY-ST-ZIP MIAMI, FL 33142

TITLE D
NAME RODRIGUEZ, VICTOR
STREET ADDRESS 4115 NW 28 ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE D
NAME RODRIQUEZ, GUILLERMO
STREET ADDRESS 4115 NW 28 ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE PD
NAME RODRIGUEZ, RAUL B
STREET ADDRESS 4115 NW 28 ST
CITY-ST-ZIP MIAMI, FL 33142

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #