2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-17-2004 90031 019 ***150.00 **DOCUMENT # 266442** 1. Entity Name WHITE SWAN FRUIT PRODUCTS, INC. JAULILUP Principal Place of Business Mailing Address 1200 W DR., M.L. KING JR BLVD PO DRAWER 819 PLANT CITY, FL 33566 PLANT CITY, FL 33564 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2193824 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LASKOWITZ, JACK 1200 W DR., M.L. KING JR. BLVD Street Address (P.O. Box Number is Not Acceptable) PLANT CITY, FL 33563 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DC TITLE ☐ Delete TITLE ☐ Change GORDON, MELVIN S NAME NAME STREET ADDRESS 1200 W DR MLK JR BLVD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33563 CITY-ST-7IP TITLE Deleta Change ☐ Addition TITLE NAME GORDON, RANDY S NAME 1200 W MLK JR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PLANT CITY, FL 33563 CITY-ST-ZIP D ☐ Delete ☐ Change ☐ Addition SCHULIS, TRACY W HAME MALE STREET ADDRESS 1200 W DR MLK JR BLVD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33563 CITY-ST-ZIP Change TITLE Delete TTLE ☐ Addition NAME PETERSON, JAMES R. NAME STREET ADDRESS 1200 W DR MLK JR.BLVD STREET ADDRESS PLANT CITY, FL 33566 CITY-ST-7IP CITY-ST-ZIP 33563 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

FILED Feb 17, 2004 8:00 am