

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90082 018 \*\*\*150.00

DOCUMENT # 439752  
1. Entity Name **TWIN ROSE PRODUCE CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **1390 SOUTH FEDERAL HIGHWAY**  
Suite, Apt. #, etc.

3. Mailing Address **1390 SOUTH FEDERAL HIGHWAY**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **POMPANO BEACH, FLORIDA**

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Zip **33062** Country **U.S.A.**

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4. FEI Number **59-1563361**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

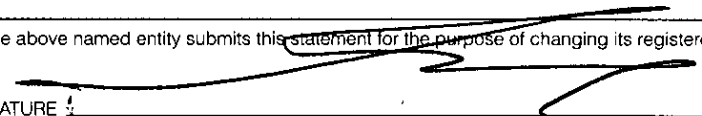
7. Name and Address of Current Registered Agent

Name **LEONARD ROSENBERG**

Street Address (P.O. Box Number is Not Acceptable)  
**2831 N.E. 39th COURT**

City **LIGHTHOUSE POINT** **FL** Zip Code **33064**

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.

SIGNATURE  **APRIL 11, 2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/D'</b> <b>LEONARD ROSENBERG</b> <b>2831 N.E. 39th COURT</b> <b>LIGHTHOUSE POINT, FL. 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NEIL ROSENBERG, VICE PRESIDENT/D</b> <b>3032 N.E. 31st AVENUE</b> <b>LIGHTHOUSE POINT, FL. 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER/D</b> <b>DOLORES ROSENBERG</b> <b>2831 N.E. 39th COURT</b> <b>LIGHTHOUSE POINT, FL. 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JANIS ROSENBERG</b> <b>2455 E. LINDELL BLVD.</b> <b>DEL RAY BEACH, FL. 33444</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered

SIGNATURE:  **4/11/02 954/946-6363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)