

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 514755

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: CENTRAL AMERICAN PRODUCE, INC.

## Current Principal Place of Business:

1500 W. ATLANTIC BLVD  
SUITE 206  
POMPANO BEACH, FL 330692825

## New Principal Place of Business:

## Current Mailing Address:

1500 W. ATLANTIC BLVD  
SUITE 206  
POMPANO BEACH, FL 330692825

## New Mailing Address:

FEI Number: 59-1700696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARREN, MICHAEL B  
1500 WEST ATLANTIC BLVD  
206  
POMPANO BEACH, FL 33069 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: CEO ( ) Delete  
Name: WARREN, DAVID N  
Address: 7235 PROMENADE DR J#202  
City-St-Zip: BOCA RATON, FL

Title: STD ( ) Delete  
Name: WARREN, JEAN B  
Address: 7235 PROMENADE DR J202  
City-St-Zip: BOCA RATON, FL

Title: PD ( ) Delete  
Name: WARREN, MICHAEL B  
Address: 6510 NW 74 DR  
City-St-Zip: PARKLAND, FL

Title: VP ( ) Delete  
Name: DRAKE, THOMAS  
Address: 5123 NW 51 AVE  
City-St-Zip: COCONUT CREEK, FL

Title: EVP (X) Delete  
Name: BECKERMAN, SHELDON  
Address: 1255 NE 172 ST  
City-St-Zip: N MIAMI BEACH, FL

## 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:

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: JEAN WARREN

STD

04/29/2009

Electronic Signature of Signing Officer or Director

Date