

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000000062

1. Entity Name
PACIFIC FRUIT INC.



Principal Place of Business
**300 WESTERN AVENUE
STATEN ISLAND, NY 10303**

Mailing Address
**300 WESTERN AVENUE
STATEN ISLAND, NY 10303**



05222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2588695

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
AQUIRRE, CARLOS A
300 WESTERN AVENUE
STATEN ISLAND, NY 10303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HORVATH, KEVIN
8161 BLUE LAGOON DRIVE, SUITE 250
MIAMI, FL 331262048**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
AHLSTROM, CARLOS
8161 BLUE LAGOON DRIVE, SUITE 250
MIAMI, FL 331262048**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HICKEY, EDWARD W
300 WESTERN AVENUE
STATEN ISLAND, NY 10303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CEPHAS, DERRICK D
100 MAIDEN LANE
NEW YORK, NY 10038**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000568351
05/30/06-80006-012 550.00

**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 #

5-22-06 718-556-8432