


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 AM 11:14

DOCUMENT # F02000002918
1. Entity Name
"R" BEST PRODUCE, INC.



Principal Place of Business: 220 FOOD CENTER DR, BRONX, NY 10474
Mailing Address: 220 FOOD CENTER DR, BRONX, NY 10474

REINSTATEMENT 04

DO NOT WRITE IN THIS SPACE



08302004 No Chg-P CR2E034 (10/03)

4. FEI Number: 13-3585552
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DELPRETE, CARL
8700 N.W. 101ST STREET
MEDLEY, FL 33178

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

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DELPRETE, MARY
STREET ADDRESS	220 FOOD CENTER DRIVE
CITY-ST-ZIP	BRONX, NY 10474
TITLE	CEOS
NAME	DELPRETE, CARL
STREET ADDRESS	8700 N.W. 101ST ST
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200042162042
10/25/04--01075--004 **150.00

200042162042
11/15/04--01065--017 **608.75

DO NOT WRITE IN THIS SPACE

12. 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.

SIGNATURE:  10-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #