

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90004 040 \*\*\*550.00

**DOCUMENT # F99000006115**

1. Entity Name  
**CUTRALE FARMS, INC.**



Principal Place of Business  
**154 MARSH ST  
PORT NEWARK, NJ 07114**

Mailing Address  
**154 MARSH ST  
PORT NEWARK, NJ 07114**

**00000000**



08162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4018364**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 title 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	PD
NAME	CUTRALE, JOSE LUIS
STREET ADDRESS	602 MCKEAN STREET
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	S
NAME	VALENTE, MARIA I
STREET ADDRESS	154 MARSH STREET
CITY-ST-ZIP	PORT NEWARK, NJ 07114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*Maria I Valente* **MARIA I VALENTE** 8/16/2006 (917) 864 0905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone