



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G27287</b> 1. Entity Name T & M PRODUCE CO., INC.					
Principal Place of Business 1255 W. ATLANTIC BLVD SUITE 121 POMPANO BEACH, FL 33069-2944		Mailing Address 1255 W. ATLANTIC BLVD SUITE 121 POMPANO BEACH, FL 33069-2944			
<b>DO NOT WRITE IN THIS SPACE</b>					
				 01062005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2261373		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CHIAVETTA, ANTHONY N. 1302 SW 44TH TERR. DEERFIELD BEACH, FL 33442				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				<b>DO NOT WRITE IN THIS SPACE</b>  U00000174492 01/10/05-80012-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PTD CHIAVETTA, ANTHONY N 1302 SW 44TH TERR. DEERFIELD BEACH, FL 33442			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP CHIAVETTA, MARC A 12445 SW 1ST STREET CORAL SPRINGS, FL 33071			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		ST CHIAVETTA, CHERYL A 310 NW 107 TERR CORAL SPRINGS, FL 33071			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: <u>Anthony N. Chiavetta</u> Anthony N. Chiavetta 01/06/05 954-786-1362 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> President <small>Date</small> <small>Daytime Phone #</small>					