2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # G27287

1. Entity Name

T & M PRODUCE CO., INC.



Principal Place of Business

1255 W, ATLANTIC BLVD

SUITE 121

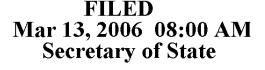
POMPANO BEACH, FL 33069-2944

Mailing Address

1255 W. ATLANTIC BLVD

SUITE 121

POMPANO BEACH, FL 33069-2944





03102006 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2261373 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIAVETTA, ANTHONY N. 1302 SW 44TH TERR. DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

 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 replatered agent and title if applicable. (NOTE: Registered			1 Agent signature (equired when reinstating) DATE		
File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000466125 (3/22/06-80063-007 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHIAVETTA, ANTHONY N 1302 SW 44TH TERR. DEERFIELD BEACH, FL 33442		DO NOT WRITE IN THIS SPACE		
Title Name Street Address City-St-Zip	VP CHIAVETTA, MARC A 12445 SW 1ST STREET CORAL SPRINGS, FL 33071				
TITLE NAME STREET ADDRESS CHY-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					
TITLE NAME STRIFT ADDRESS					

12. I hereby certify that the information supplied with this filing does not quality 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 path; 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 epipears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY -ST-ZIP

03/10/06

954-786-1362

Date

Daystone Phone #