2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State DOCUMENT # G99274 1. Entity Name 05-05-2006 90192 020 ***150.00 THOMAS PRODUCE MARKET, INC. Principal Place of Business Mailing Address 1376 N.W. 62ND ST. MIAMI FL 33147-8016 1376 N.W. 62ND ST. MIAMI FL 33147-8016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-2416167 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, REGINALD Street Address (P.O. Box Number is Not Acceptable) 1376 N.W. 62ND ST. **MIAMI FL 33142** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THTLE TITLE Addition ☐ Delete NAME THOMAS, AGNES NAME STREET ADDRESS 1376 N.W. 62ND ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33142 STD ☐ Delete TITLE ☐ Change Addition MAME THOMAS, AGNES NAME STREET ADDRESS STREET ADDRESS 1376 N.W. 62ND ST. CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME THOMAS, CEDRIC STREET ADDRESS 1376 N.W. 62ND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P MIAMI FL Delete TITLE TITLE Change Addition Addition THOMAS, CEDRIC H NAME NAME STREET ADDRESS 1376 N.W. 62ND ST. STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.