

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

01-29-2007 90066 010 ***150.00

DOCUMENT # H39753

1. Entity Name
FIVE BROTHERS PRODUCE, INC.



Principal Place of Business

**230 N. KROME AVENUE
P.O. BOX 349168
FLORIDA CITY, FL 33034**

Mailing Address

**230 N. KROME AVENUE
P.O. BOX 349168
FLORIDA CITY, FL 33034**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2481919

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TORBERT, TOMMY JR.
17777 SW 285TH ST
HOMESTEAD, FL 33035**

**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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

11/24/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TORBERT, TOMMY, JR.
STREET ADDRESS 17777 SW 285 ST
CITY-STATE-ZIP HOMESTEAD, FL 33030

TITLE SD
NAME ORAZIO, FINOCCHIACO
STREET ADDRESS 18300 SW 288 ST.
CITY-STATE-ZIP HOMESTEAD, FL

TITLE TD
NAME TALARICO, GAETANO
STREET ADDRESS 19200 SW 304 ST.
CITY-STATE-ZIP HOMESTEAD, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]