


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # H77122
 1. Entity Name
ARTURO DE LEON FRUIT HARVESTING, INC.



Principal Place of Business Mailing Address
 25700 SW 212TH AVE 25700 SW 212TH AVE
 HOMESTEAD, FL 33031-1543 US HOMESTEAD, FL 33031-1543

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2599284 Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DE LEON, HILDA S
 25700 S.W. 212 AVE
 HOMESTEAD, FL 33031

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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 _____ DATE _____
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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DE LEON, ARTURO 25700 SW 212TH AVE HOMESTEAD, FL 330311543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DE LEON, HILDA S 25700 SW 212TH AVE HOMESTEAD, FL 330311543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DE LEON, ARNOLD 30105 SW 202 AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04282005-2599284
 05/04/05-80107-011 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 lists empowered.

SIGNATURE:  4-29-05 (305) 248-3975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #