


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

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



Principal Place of Business 25700 SW 212TH AVE HOMESTEAD, FL 33031-1543 US	Mailing Address 25700 SW 212TH AVE HOMESTEAD, FL 33031-1543
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2599284	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
DE LEON, HILDA S
25700 S.W. 212 AVE
HOMESTEAD, FL 33031

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: *Hilda S De Leon Sec/Treas* 2/13/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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 02/27/06-80028-001 158.75

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

SIGNATURE: *Hilda S De Leon* HILDA S DE LEON Sec/Treas 2/13/06 213-6198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #