


**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

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02-11-2008 90041 006 \*\*\*158.75

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # H77122</b>					
1. Entity Name ARTURO DE LEON FRUIT HARVESTING, INC.					
Principal Place of Business 19855 SW 272 STREET HOMESTEAD, FL 33031-2115 US		Mailing Address 19855 SW 272 STREET HOMESTEAD, FL 33031-2115 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2599284	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LEON, ARTURO 19855 SW 272 STREET HOMESTEAD, FL 33031-2115			7. Name and Address of New Registered Agent Name: DeLeon, Arturo Street Address (P.O. Box Number is Not Acceptable): 17604 SW 245 Terr. City: Homestead FL Zip Code: 33081		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P. DE LEON, ARTURO	<input type="checkbox"/> Delete	TITLE	P. DeLeon, Arturo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	25700 SW 212TH AVE		STREET ADDRESS	17604 SW 245 Terr.	
CITY-ST-ZIP	HOMESTEAD, FL 330311543		CITY-ST-ZIP	Homestead, FL-33081	
TITLE	VP DE LEON, ARNOLD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	30105 SW 202 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 or without like empowerment.					
SIGNATURE: <u>Arturo de Leon</u>		Date: <u>03/7/08</u>		Daytime Phone: <u>(305)248-3975</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone	

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