

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90041 013 ***150.00

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01232006 Chg-P CR2E034 (11/05)

DOCUMENT # L19314 1. Entity Name R & R PRODUCE, INC.					
Principal Place of Business 114 NEW MARKET ROAD IMMOKALEE, FL 34142 US			Mailing Address P.O. BOX 3418 IMMOKALEE, FL 34143 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 114 NEW MARKET ROAD Suite, Apt. #, etc.			
City & State		City & State IMMOKALEE, FLORIDA		4. FEI Number 65-0145438	
Zip 34142		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, SERAFIN 114 NEW MARKET ROAD IMMOKALEE, FL 34142			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DPST <input type="checkbox"/> Delete RODRIGUEZ, SERAFIN W 114 NEW MARKET ROAD IMMOKALEE, FL 34142		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Serafin Rodriguez</i>			SERAFIN RODRIGUEZ		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

1/24/06 239-657-3843