2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State
03-05-2007 90072 019 ***150.00

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1. Entity Name
FRESH-VEG. DISTRIBUTING INC.

60021080

02202007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2214 N. DIXIE HWY BOCA RATON, FL 33431 US	PO BOX 810067 BOCA RATON, FL 33481 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO BOX 812050
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BOCA RATON, FL
Zip / Country	Zip: 33481 / Country: USA

4. FEI Number: 59-3006893 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRUJILLO, ELISEO
2214 N. DIXIE HWY
BOCA RATON, FL 33431

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 ______________________
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TRUJILLO, ELISEO	NAME	
STREET ADDRESS	2214 N. DIXIE HWY	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	PST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TRUJILLO, ELISEO	NAME	
STREET ADDRESS	2214 N. DIXIE HWY	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 all other like empowered.

SIGNATURE: Eliseo Trujillo ELISEO TRUJILLO (P) 2/21/07 (561)347-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #