

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M27248

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: WEST INDIES FRUIT COMPANY

**Current Principal Place of Business:**

2601 S. BAYSHORE DRIVE PH-1A  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

2601 S. BAYSHORE DRIVE PH-1A  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

FEI Number: 59-2701583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LITTMAN, ERIC P P.A.  
7695 SW 104TH ST  
SUITE 210  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: GORDON, DEBRA  
Address: TERREMARK CENTRE, PH-1A 2601 S BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL

Title: DP ( ) Delete  
Name: GORDON, SAMUEL  
Address: TERREMARK CENTRE, PH-1A 2601 S BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: GORDON, DEBRA  
Address: SBS TOWER, PH-1A 2601 S BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: DP (X) Change ( ) Addition  
Name: GORDON, SAMUEL  
Address: SBS TOWER, PH-1A 2601 S BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL GORDON

DP

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date