## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90358 043 \*\*\*\*61.25

1. Entity Name	MENT # N0100000 nt fruits, INC.	)303						04-27-	2005 \$	90358 (	943 ****6.	1.25	
1000 BETHUNE DR. 1000			ailing Address 000 BETHUNE DR. PRLANDO, FL 32805				20049608						
2. Principal Place of Business 3.		3. Mailir	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				(	4252005	Chg-NP		CR2E(	037 (10/03)		
City & State		City & State				4. FEI Number 04-3641944					+- <del></del>	pplied For ot Applicable	
Zip	Country	Zip		Соц	intry	5	. Certificate	of Status D	esired		\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered	d Agent			7.	Name and	Address o	1 New R	egistered	Agent		
NEMBHAR	RD, RALSTON B				Name	Sett	7.as						
8413 CLEM	MATIS LANE				Street Add	dress (P.O		er is Not Ac	ceptable	3) (			
ORLANDO	), FL 32819				11915		GCON	retown	1 17	rive	<del></del>		
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	named entity submits this statement for	or the purpo	se of changing its	register		SSeLla registered		h, in the Sta	ate of Flo		ニーレフェイク		
SIGNATURE .	Botty 3 and	لعم								041	25 05	_	
• • • • • • •	Signature, typed or printed name Pregistered agent	and title if appli	cable. (NOT	E: Registere	d Agent signature	e required whe	n reinstating)			DATE			
	Signature, lyped or profest name pregistered agent Filing Fee is \$61.25  Due by May 1, 2005	and title if appli	9. Election Car Trust Fund (	mpaign F	inancing _		5.00 May 8	e			ck payable t		
10.	Filing Fee is \$61.25		9. Election Car	mpaign F	inancing _	□ \$5 Ad	5.00 May B		Flor	ida Depa		itate	
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O THE STORY

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 617, 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.

407-295-0118