

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000007638					
1. Entity Name EL CAMPERO PRODUCE, INC.					
Principal Place of Business 2186 N.W. 13TH AVENUE HIALEAH, FL 33142			Mailing Address 2186 N.W. 13TH AVENUE HIALEAH, FL 33142		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
01072004 Chg-P CR2E034 (1Q/03)					
4. FEI Number 65-0975871				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, LAZARO 2186 N.W. 13TH AVENUE HIALEAH, FL 33142			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, LAZARO 19125 S.W. 316TH STREET HOMESTEAD, FL 33030	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERNANDEZ, MARTA 19125 S.W. 316TH STREET HOMESTEAD, FL 33030	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Marta Hernandez</i> <i>Marta Hernandez Sec.</i> 3-28-04 305) 325-0038					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					