
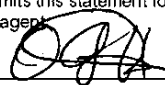


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90044 038 \*\*\*158.75

<b>DOCUMENT # P00000038243</b>					
1. Entity Name <b>M&amp;O PRODUCE CORP.</b>					
Principal Place of Business <b>1402 N.W. 23RD STREET MIAMI FL 33142</b>			Mailing Address <b>1402 N.W. 23RD STREET MIAMI FL 33142</b>		
2. Principal Place of Business <b>1402 NW</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>23 ST</b>			Suite, Apt. #, etc.		
City & State <b>Miami</b>			City & State <b>FL</b>		
Zip		Country		Zip	
				<b>33142</b>	
4. FEI Number <b>65-1000398</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>GONZALEZ, ORLANDO 281 NW 127 AVENUE MIAMI FL 33182</b>			7. Name and Address of New Registered Agent Name <b>Orlando GONZALEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1402 NW 127 AVE Miami</b> City <b>FL</b> Zip Code <b>33142</b>		
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  DATE <b>3/5/05</b>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
<div> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div> <b>9. Election Campaign Financing</b>  Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ORLANDO		NAME		
STREET ADDRESS	281 NW 127 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ORLANDO		NAME		
STREET ADDRESS	281 NW 127 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/05**

Date

**(305) 638-21-81**

Daytime Phone #

**50027013**



1st MOORE

CR2E034 (10/04)