## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000058155

**Current Principal Place of Business:** 

City-St-Zip:

City-St-Zip:

Title:

Title:

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

Name: Address: ESTERO, FL 33928

RUIZ, EDMUNDO

NAPLES, FL 34108

VENEZIAN, LORENZO

NAPLES, FL 34108

NAPLES, FL 34108

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999 VANDERBILT BEACH ROAD

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Entity Name: HORTIFRUT BERRIES, INC.

FILED Feb 26, 2008 Secretary of State

**New Principal Place of Business:** 

999 VANDERBILT BEACH RD. SUITE 102 NAPLES, FL 34108						
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
999 VAND SUITE 102 NAPLES, F		H RD.				
FEI Number:	: 59-3662369	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1201 HAYS	CUMENT SER S STREET SSEE, FL 3230		999 VAND SUITE 102	ARIBEL AGUIRRE-BECK 999 VANDERBILT BEACH RD SUITE 102 NAPLES, FL 34108 US		
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.						
SIGNATUR	RE: ARIBEL A	GUIRRE-BECK		02/26/2008		
	Electron	ic Signature of Registered Age	nt		Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MOLLER, VICT	TEMBRE 1860 PISO 9	Title: Name: Address: City-St-Zip:	MOLLER, VIC	PTIEMBRE 1860 PISO 9	
Title: Name: Address: City-St-Zip:	P () SHELFORD, JO 8203 LOUBANK NAPLES, FL 34	CDRIVE	Title: Name: Address: City-St-Zip:	VENEZIAN, LO	S ANDES, 11 DE SEPTIEMBRE #1860	
Title: Name: Address:	VPAS () BECK, ARIBEL 9970 ROOKER		Title: Name: Address:	VP (X BECK, ARIBE 9970 ROOKE		

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.

City-St-Zip:

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ESTERO, FL 33928

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SIGNATURE: ARIBEL AGUIRRE-BECK V P 02/26/2008