

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90007 020 ***150.00

DOCUMENT # P00000080119

1. Entity Name

PRIME HARVEST PRODUCTS CORPORATION



Principal Place of Business

**3401 A. FRANKLIN AVE.
COCONUT GROVE FL 33133**

Mailing Address

**3401 A. FRANKLIN AVE.
COCONUT GROVE FL 33133**

2. Principal Place of Business

200 SE 15th Rd

Suite, Apt. #, etc.

4K

3. Mailing Address

P.O. BOX 330113

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI

Zip

33129

Country

USA

Zip

FL

Country

33233

4. FEI Number

65-1034402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, ANDRES D
3401 A. FRANKLIN AVE.
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name **ANDRES DELA CRUZ**

Street Address (P.O. Box Number is Not Acceptable)

200 SE 15th ROAD

City **MIAMI**

FL

Zip Code

33129

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DENNIS-LAY, JORGE ANDRES M**
CITY-ST-ZIP **3401 A. FRANKLIN AVE.
COCONUT GROVE FL 33133**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **MOROSO, FERNANDO D**
CITY-ST-ZIP **3401 A. FRANKLIN AVE.
COCONUT GROVE FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **200 SE 15th ROAD #4K MIAMI FL**
CITY-ST-ZIP **33129**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **200 SE 15th ROAD #4K**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

ANDRES DELA CRUZ

3/15/04

(305) 854-5032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #