

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 29, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P00000107628**

**1. Entity Name  
ADRIAN PRODUCE, INC.**



**Principal Place of Business**

**3364 STANLEY ROAD  
PLANT CITY, FL 33565**

**Mailing Address**

**3364 STANLEY ROAD  
PLANT CITY, FL 33565**



**07052005 No Chg-P CR2E034 (10/03)**

**DO NOT WRITE IN THIS SPACE**

<b>4. FBI Number</b> <b>59-3448898</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**ROMERO, FAUSTINO  
3364 STANLEY ROAD  
PLANT CITY, FL 33565**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Faustino Romero*

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

(NOTE: Registered Agent signature required when reinstating)

*7/25/05*  
**DATE**

**FILE NOW!! FEE IS \$550.00  
Due by September 7, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.**



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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>ROMERO, FAUSTINO</b>
<b>STREET ADDRESS</b>	<b>3364 STANLEY ROAD</b>
<b>CITY - ST - ZIP</b>	<b>PLANT CITY, FL 33565</b>

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>ROMERO, SILVIA</b>
<b>STREET ADDRESS</b>	<b>3364 STANLEY ROAD</b>
<b>CITY - ST - ZIP</b>	<b>PLANT CITY, FL 33565</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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<b>NAME</b>	
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<b>CITY - ST - ZIP</b>	

**000000374998  
07/29/05-80008-010 558.75**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Faustino Romero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/25/05*  
**DATE**

*813-7163-1070*  
**Daytime Phone #**