

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90708 042 ***150.00

DOCUMENT # P00000110608

1. Entity Name

FANTASTICO PRODUCE, INC.



Principal Place of Business

~~3133 LAKE WORTH ROAD
LAKE WORTH FL 33461~~

Mailing Address

~~3133 LAKE WORTH ROAD
LAKE WORTH FL 33461~~

2. Principal Place of Business

5808 LIME RD.

Suite, Apt. #, etc.

3. Mailing Address

5808 LIME RD.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

65-1055538

Applied For

Not Applicable

Zip

33413

Country

PALM BEACH

Zip

33413

Country

PALM BEACH

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARTHA R
5808 LIME ROAD
WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

Name: JUAN F. GARCIA
Street Address (P.O. Box Number is Not Acceptable): 5808 LIME RD

City: WEST PALM BEACH FL Zip Code: 33413

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: *Juan Garcia S.*
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: **PRESIDENT** ☐ Delete
NAME: GARCIA, JUAN F
STREET ADDRESS: 5808 LIME ROAD
CITY-ST-ZIP: WEST PALM BEACH FL 33413

TITLE: **D** ☒ Delete
NAME: GARCIA, MARTHA R
STREET ADDRESS: 5808 LIME ROAD
CITY-ST-ZIP: WEST PALM BEACH FL 33413

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: **PRESIDENT** ☒ Change ☐ Addition
NAME: JUAN F GARCIA
STREET ADDRESS: 5808 LIME RD.
CITY-ST-ZIP: WEST PALM BEACH, FL 33413

TITLE: **VICE PRESIDENT** ☐ Change ☒ Addition
NAME: JAVIER A. GARCIA
STREET ADDRESS: 1470 "A" ROAD
CITY-ST-ZIP: LOXAHATCHEE, FL 33470

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: *Juan Garcia S.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #