2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 09, 2004 8:00 am
Secretary of State
07-09-2004 90010 011 ***158.75

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07022004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000024988

1. Entity Name
SIMPLY FRESH FRUIT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~1985 E 20 STREET~~ 4383 Exchange Ave LOS ANGELES, CA 90058	~~1985 E 20 STREET~~ 4383 Exchange Ave LOS ANGELES, CA 90058

2. Principal Place of Business	3. Mailing Address
	4383 Exchange Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Los Angeles, Ca. 90058
Zip / Country	Zip / Country

4. FEI Number
95-4849470
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDER, WILLIAM ~~1985 E 20 STREET~~ 4383 Exchange Ave LOS ANGLES, CA 90058	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRICONE, SAM ~~1985 E 20 ST~~ 4383 Exchange Ave LOS ANGLES, CA 90058	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLUB, PAUL 18055 VENTURA BLVD ENCINO, CA 91436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: William T Sander WILLIAM T SANDER 7/6/2004 323/586-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

07/02/2004 13:00 8189817229 GOLUB AND SENITT PAGE 01