2005 FOR PROFIT CORPORATION

May 03, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P01000032822 1. Entity Name RIKTONY PRODUCE INC. Mailing Address Principal Place of Business 1353 NW 1ST STREET #5 1353 NW 1ST STREET #5 MIAMI, FL 33125 MIAMI, FL 33125 No Chg-P CR2E034 (10/03) 04272005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0923435 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MORALES, ANTONIO 1353 NW 1ST STREET #5 MIAMI, FL 33125 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. **PVSD** TITLE MORALES, MARILYN NAME U00000359403 5771 SW 5TH STREET STREET ADDRESS 05/04/05-80153-019 150.00 CITY-ST-ZIP MIAMI, FL 33144 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information inclicated 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

OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

FILED