


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000062359  
 1. Entity Name  
 MACIAS FRUIT HARVESTING, INC.



Principal Place of Business  
 3659 S. 25TH ST.  
 FT. PIERCE, FL 34981

Mailing Address  
 3659 S. 25TH ST.  
 FT. PIERCE, FL 34981

**DO NOT WRITE IN THIS SPACE**



03262005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0036569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACIAS, ANGELICA  
 3659 S. 25TH ST.  
 FORT PIERCE, FL 34981

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

1100000283407  
 04/01/05-80024-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACIAS, JOSE A
STREET ADDRESS	3659 S. 25TH ST.
CITY-ST-ZIP	FT. PIERCE, FL 34981
TITLE	D
NAME	MACIAS, ANGELICA
STREET ADDRESS	3659 S. 25TH ST.
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  03-30-05 (722)465-7044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #