

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2008 08:00 AM
Secretary of State**

DOCUMENT # P01000071220

1. Entity Name

A.R. PRODUCE & TRUCKING CORPORATION



Principal Place of Business

**8181 NW S RIVER DR.
#D443
MEDLEY, FL 33166**

Mailing Address

**8181 NW S RIVER DR.
#D443
MEDLEY, FL 33166**



01152008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1122812

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, MANUEL B
8181 NW S RIVER DR.
#D443
MEDLEY, FL 33166**

**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

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, 2008 Fee will be \$550.00**

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



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

10. OFFICERS AND DIRECTORS

**TITLE D
NAME MARTINEZ, ANA R
STREET ADDRESS 8181 NW S RIVER DR.
CITY-ST-ZIP MEDLEY, FL 33166**

**TITLE D
NAME MARTINEZ, MANUEL B
STREET ADDRESS 8181 NW S RIVER DR.
CITY-ST-ZIP MEDLEY, FL 33166**

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CITY-ST-ZIP**

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CITY-ST-ZIP**

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01/18/08-80007-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel B. Martinez

01/15/08

305-548-4880

Date

Daytime Phone #