2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 04, 2007 8:00 am Secretary of State DOCUMENT # P01000082142 04-04-2007 90186 002 ***158.75 CHICAGO PRODUCE, INC. Principal Place of Business Mailing Address 1344 NW 23 STREET 1344 NW 23 STREET MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 65-1129941 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISIDORO RODRIGUEZ CARBALLO, JESUS R Street Address (P.O. Box Number is Not Acceptable) 8101 Byron Avenue 28360 S.W. 163 AVE HOMESTEAD, FL 33033 Apt. 312 City 43541 Miami Beach 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. ISIDORO RODRIGUEZ SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE D Change ■ Addition XX Delete ISIDORO RODRIGUEZ RODRIGUEZ, GUILLERMO E NAME 8101 Byron Avenue Apt. 312 STREET ADDRESS **8520 SW 5 STREET** STREET ADDRESS Miami Beach, FL 33141 CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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:

ISIDORO RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED