2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000082142

1. Entity Name
CHICAGO PRODUCE, INC.

Principal Place of Business	Mailing Address
1344 NW 23 STREET	1344 NW 23 STREET
MIAMI, FL 33142	MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

04242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1129941	Not Applicable

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

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6. Name and Address of Current Registered Agent

RODRIGUEZ, ISIDORO
8101 BYRON AVE
APT 312
MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE

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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

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10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	RODRIGUEZ, ISIDORO
STREET ADDRESS	8101 BYRON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33141

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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05/30/08-80061-020 150.00

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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: X _Isidoro Rodriguez_ VP.   4/24/08   954-648-1227

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