


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90184 024 \*\*\*150.00

<b>DOCUMENT # P01000101110</b>	
1. Entity Name <b>JOE'S FRESH PRODUCE, INC.</b>	

Principal Place of Business <b>5905 4TH ST. NORTH ST. PETERSBURG, FL 33703</b>	Mailing Address <b>113 S MACDILL AVE #B TAMPA, FL 33609</b>
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**40085327**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>5901 Haines Rd. N. St. Petersburg, FL 33714</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04212007 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number <b>59-3750727</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>YOU, BOUNG S 5905 4TH ST. NORTH ST. PETERSBURG, FL 33703</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>YOU, BOUNG S 5905 4TH ST. NORTH ST. PETERSBURG, FL 33703</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date: <b>4/20/07</b>	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		