2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2005 08:00 AN **DOCUMENT # P02000023682 Secretary of State** A. GÁRZA PRODUCE, INC. Principal Place of Business Mailing Address 5833 HOUCHIN STREET I & J 5833 HOUCHIN STREET I & I NAPLES, FL 34109 NAPLES, FL 34109 01242005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 30-0060692 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GARZA, ARNOLDO 5833 HOUCHIN STREET I & J NAPLES, FL 34109 . 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 trie if applicable. (NOTE: Registered Agent signature required when remainting) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. PRED TITLE U00000199869 NAME GARZA, ARNOLDO 01/28/05-80002-019 158.75 STREET ADDRESS 5833 HOUCHIN STREET I & J CITY-SI-7IP NAPLES, FL 34109 TITLE NAME STREET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADORESS CITY-ST-73P TITLE STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS CHY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 807, 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: _/ MIGNATURE AND TYPED OR PRINTED HAME OF SIGHING OFFICER OR DIRECTOR Daytime Phone

FILED