


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State
163-75

DOCUMENT # P02000046206

1. Entity Name
GEE & GEE PRODUCE, INC



Principal Place of Business
**1200 NW 22 STREET
BAY 46
MIAMI FL 33142**

Mailing Address
**1200 NW 22 STREET
BAY 46
MIAMI FL 33142**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number **02-0590289** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**ESCOBAR, NOEL E SR
4420 SW 77TH AVENUE
DAVIE FL 33328**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when registering.) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHADEE, KAVITA A.M. 1200 NW 22 STREET MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000504678 04/26/06-80082-006 163.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHADEE, ASHA B 1200 NW 22 STREET MIAMI FL 33142 <input type="checkbox"/> Delete	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 Section 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: **KAVITA A.M. CHADEE** 3/31/06 305 376 0007