

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085894

**FILED**  
**Jan 13, 2006**  
**Secretary of State**

**Entity Name:** CASTELLANOS PRODUCE, INC.

**Current Principal Place of Business:**

13107 ROYAL GEORGE AVE.  
ODESSA, FL 33556

**New Principal Place of Business:**

3001 E. HILLSBOROUGH AVE  
TAMPA, FL 33610

**Current Mailing Address:**

13107 ROYAL GEORGE AVE.  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 51-0420159      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CASTELLANOS, EDINALDO  
13107 ROYAL GEORGE AVE.  
ODESSA, FL 33556      US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PTD      ( ) Delete  
**Name:** CASTELLANOS, EDINALDO  
**Address:** 13107 ROYAL GEORGE AVE.  
**City-St-Zip:** ODESSA, FL 33556

**Title:** VSD      ( ) Delete  
**Name:** CASTELLANOS, MAGIE  
**Address:** 13107 ROYAL GEORGE AVE.  
**City-St-Zip:** ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PTD      (X) Change ( ) Addition  
**Name:** CASTELLANOS, EDINALDO  
**Address:** 13107 ROYAL GEORGE AVE  
**City-St-Zip:** ODESSA, FL 33556

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** EDINALDO CASTELLANOS

PTD

01/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date