

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 10, 2009  
Secretary of State**

DOCUMENT# P02000091190

Entity Name: SANDOVAL PRODUCE INCORPORATED

**Current Principal Place of Business:**

424 E NEW MARKET RD UNIT #5  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 280  
IMMOKALEE, FL 34143

**New Mailing Address:**

FEI Number: 04-3661387      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SANDOVAL, ALFREDO E  
550 N 19TH ST LOT #45  
IMMOKALEE, FL 34142      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

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            SANDOVAL, MARTHA  
Address:        550 N 19TH LOT 45  
City-St-Zip:    IMMOKALEE, FL 34142

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title:            PRES            (X) Change ( ) Addition  
Name:            SANDOVAL, ALFREDO E  
Address:        550 N 19TH LOT 45  
City-St-Zip:    IMMOKALEE, FL 34142

Title:            VICE            ( ) Change (X) Addition  
Name:            SANDOVAL, MARTHA  
Address:        550 N 19TH LOT 45  
City-St-Zip:    IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify 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: ALFREDO E. SANDOVAL

PRES

11/10/2009

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

\_\_\_\_\_ Date