

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