## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000091511

1. Entity Name

SPECIALTY FRUIT & PRODUCE, INC.



FILED
Jan 21, 2005 08:00 AM
Secretary of State

Principal Place of Business 5210 S W 101ST AVE COOPER CITY, FL 33328 Mailing Address

5210 S W 101ST AVE COOPER CITY, FL 33328

DO NOT WRITE IN THIS SPACE  4. FEI Number 33-1019058  5. Certificate of Status Desired Status Desired Status Desired Status Desired DO NOT WRITE  Fee Required  6. Name and Address of Current Registered Agent  PEREZ, HECTOR 5210 S W 101ST AVE COOPER CITY, FL 33328  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the obligations of registered agent.											
33-1019058 Not Applic.  5. Certificate of Status Desired S8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  PEREZ, HECTOR 5210 S W 101ST AVE COOPER CITY, FL 33328  DO NOT WRITE IN THIS SPACE  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc	DO NOT WRITE IN THIS SPA			<b>`</b> E		01032005 No Chg-P CR2E034 (10/03)					
5. Certificate of Status Desired   5. Name and Address of Current Registered Agent  PEREZ, HECTOR 5210 S W 101ST AVE COOPER CITY, FL 33328  DO NOT WRITE IN THIS SPACE  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 acc				<u>.</u> 						<del></del>	
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<ol> <li>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 acc the obligations of registered agent.</li> </ol>	5210 S W 101ST AVE						· .				
SIGNATURE	the obliga	ations of registered agent.		ce or re	egistere	ed agent, or bo	th, in the State of	Florida, 1 a	m familia	with, and ac	ccept
Signature, typed or printed name of registered agent and 69e it applicable (RIOTE, Registered Agent signature required when reinstating)  DATE		Signature, typed or printed name of registered agent and file	V spplicable (NOTE, Registered Agent	signature	required v	when reinstating)		DATI	•		
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					<b>\$5.0</b> Adde	00 May Be d to Fees					
10. OFFICERS AND DIRECTORS	<del></del>	· · · · · · · · · · · · · · · · · · ·	CTORS		.,	;*			را بعديه		* 1 = 5 - 12
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NAME NAME								andre d'arrich		*****	ra-ci₩**
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12. I horeby certify that the information supplied with this filing 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 accordate 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: \_

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #