


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000006476 1. Entity Name GMG TROPICAL FRUITS, INC.	
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Principal Place of Business 4710 WINDMILL POINTE LANE LOXAHATCHEE, FL 33470	Mailing Address 4710 WINDMILL POINTE LANE LOXAHATCHEE, FL 33470
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0497796	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent GOMES, GERRARD M 4710 WINDMILL POINTE LANE LOXAHATCHEE, FL 33470	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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**

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOMES, GERRARD M 4710 WINDMILL POINTE LANE LOXAHATCHEE, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOMES, CHARLOTTE P 4710 WINDMILL POINTE LANE LOXAHATCHEE, FL 33470	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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01/28/05-80065-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/5/05 (561) 795-5443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #