2006 FOR PROFIT CORPORATION

Jun 08, 2006 8:00 am **Secretary of State** ANNUAL REPORT DOCUMENT # P03000011314 06-08-2006 90002 011 ***150.00 TUTI-FRUTI NATURAL JUICE & ICE CREAM CORPORATION Principal Place of Business Mailing Address 40033000 4558 CRESTHAVEN BLVD. 4558 CRESTHAVEN BLVD. WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 06062006 CR2E034 (11/05) 4. FEI Number Applied For City & State 80 OOS City & State APPLIED FOR Not Applicable Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOHORQUEZ, ERWIN Street Address (P.O. Box Number is Not Acceptable) 171 HAVERHILL ROAD WEST PALM BEACH, FL 33416 Zip Code FL 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE BOHORQUEZ, ERWIN NAME NAME STREET ADDRESS STREET ADDRESS 171 HAVERHILL ROAD WEST PALM BEACH, FL 33415 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE ARAUJO, JOSE NAME NAME 5221 KIM CT STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33415 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of supplemental report is fine 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 life received or trustee employeed 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.

NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

5614524848

FILED