

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90013 049 ***150.00

DOCUMENT # P03000019229

1. Entity Name
LINARES PRODUCE, INC.



Principal Place of Business
1906 NEW ORLEANS AVE
TAMPA, FL 33610

Mailing Address
1906 NEW ORLEANS AVE
TAMPA, FL 33610

2. Principal Place of Business
1907 E. Sam Allen Rd.

3. Mailing Address
1907 E. Sam Allen Rd.



07272005 Chg-P CR2E034 (10/03)

City & State
Plant City, FL
Zip
33563
Country
U.S.A.

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Plant City, FL
Zip
33563
Country
U.S.A.

4. FEI Number
26-0060207
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LINARES, ISRAEL
1906 NEW ORLEANS AVE
TAMPA, FL 33610

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINARES, ISRAEL 1906 NEW ORLEANS AVE TAMPA, FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS-LINARES, LUZ A 1906 NEW ORLEANS AVE TAMPA, FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linares, Israel 1907 E. Sam Allen Rd. Plant City, FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramos - Linares, Luz A. 1907 E. Sam Allen Rd. Plant City, FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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: LUZ RAMOS LINARES 7/25/05 (83)760-1139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

SVU58502
P03000019229

7/26/05

To whom it may concern:

We never received the reinstatement card. And we just received the dissolution or please ~~except~~ a check for \$50.00 due to that we didn't receive the card. We want to keep our name and appreciate your attention to this matter.

Thank ya very much.

Sincerely

LUZ RAMOS LINARES

Luz Linares

V.P.