2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000019229

1. Entity Name
LINARES PRODUCE, INC.

60011675

Principal Place of Business	Mailing Address
1907 EAST SAM ALLEN ROAD	1907 EAST SAM ALLEN ROAD
PLANT CITY, FL 33563 US	PLANT CITY, FL 33563 US

DO NOT WRITE IN THIS SPACE

01282007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
26-0060207	Not Applicable

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

6. Name and Address of Current Registered Agent

LINARES, ISRAEL
1907 E SAM ALLEN ROAD
PLANT CITY, FL 33563

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 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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	LINARES, ISRAEL
STREET ADDRESS	1907 EAST SAM ALLEN ROAD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	SECR
NAME	RAMOS-LINARES, LUZ A
STREET ADDRESS	1907 EAST SAM ALLEN ROAD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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 Ramas Linares_   1/27/07   (813)957-6720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #