2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # P03000042963** 1. Entity Name PINE HILLS PRODUCE, INC. Principal Place of Business Mailing Address 731 N. PINE HILLS ROAD 731 N. PINE HILLS ROAD ORLANDO, FL 32808 ORLANDO, FL 32808 01172005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2091297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MENDEZ, ELVIS DO NOT WRITE 731 N. PINE HILLS ROAD ORLANDO, FL 32808 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-(NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CASTILLO, WENDY NAME 731 N. PINE HILLS ROAD STREET ADDRESS ORLANDO, FL 32808 CITY - ST- 7/P **PSTD** MENDEZ, ELVIS NAME U00000353033 05/03/05-80050-016 150.00 STREET ADDRESS 731 N. PINE HILLS ROAD ORLANDO, FL 32808 City-St-ZiP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

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 peport 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 of the corporation or the receiver or truste changed, or on an attachment with an ad-

SIGNATURE: S

CMY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone #

FILED