

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P03000064766

1. Entity Name
ECO PRODUCE, INC.



Principal Place of Business
7380 NW 29 TH ST
MARGATE, FL 33063 BR

Mailing Address
7380 NW 29 TH ST
MARGATE, FL 33063 BR



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0787343	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARO, HECTOR F
7380 NW 29 TH ST
MARGATE, FL 33063

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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	PVST
NAME	CARO, HECTOR F
STREET ADDRESS	7380 NW 29 TH ST
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	CARO, HECTOR F
STREET ADDRESS	7380 NW 29 TH ST
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VP
NAME	ARRECHEA, VIVIANA
STREET ADDRESS	7380 NW 29 TH ST
CITY-ST-ZIP	MARGATE, FL 33073
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**

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04/24/07-80093-011 150.00

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: HECTOR F. CARO 4/19/07 754-3660878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #