



2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90146 008 ***158.75

DOCUMENT # P03000094738					
1. Entity Name BRACERAS FRUIT FARM, INC.					
Principal Place of Business 19201 SW 184 STREET MIAMI FL 33187			Mailing Address 62 NE FIRST STREET B MIAMI FL 33132		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 90-0108739	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRACERAS, JUAN M 62 NE FIRST STREET B MIAMI FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8366 SW 40 Street City MIAMI FL Zip Code 33155		
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 _____ <small>Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRACERAS, FERMIN		NAME		
STREET ADDRESS	62 NE 1ST STREET, SUITE B		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRACERAS, MARIA T		NAME		
STREET ADDRESS	62 NE 1ST STREET, SUITE B		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP		
TITLE	JORGE BRACERAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	8366 SW 40 Street		NAME		
STREET ADDRESS	MIAMI FL 33155		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	JUAN M. BRACERAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	8366 SW 40 Street		NAME		
STREET ADDRESS	MIAMI FL 33155		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			2-20-08 305-358 6804		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Days/Mo/Year Phone #		