2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095178

City-St-Zip:

MIAMI, FL 33196

FILED Mar 18, 2004 Secretary of State

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Entity Name: FLORIDA PRODUCE FESTIVAL CORP.					
•					
Current Principal Place of Business:			New Principal Place o	of Business:	
45040.004			•		
MIAMI, FL	143RD STRE 33196	El			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
15040 SW MIAMI, FL	143RD STRE 33196	ET			
FEI Number	: 56-2390303	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PEACHIERA, LUIS 5320 SW 29TH AVENUE DANIA BEACH, FL 33312 US			15040 SW, 143RD. ST	CAMINO, EDUARDO A 15040 SW, 143RD. STREET MIAMI, FL 33196 US	
The above in the State	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: EDUARDO CAMINO				03/18/2004	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car		g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	PD ()) Delete	Title: (() Change () Addition	
Name:	CASTRO, JOSI		Name:		
Address:	14349 SW 175		Address:		
City-St-Zip:	MIAMI, FL 331	77	City-St-Zip:		
Title:	SD () Delete	Title: (() Change () Addition	
Name:	PESCHIERA, L	UIS	Name:		
Address:	5320 SW 29TH		Address:		
City-St-Zip:	DANIA BEACH,	FL 33312	City-St-Zip:		
Title:	TD () Delete	Title: (() Change () Addition	
Name:	CAMINO, EDUA	ARDO	Name:		
Address:	15040 SW 143	RD STREET	Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: EDUARDO CAMINO TD 03/18/2004