

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90213 018 ***150.00

DOCUMENT # P03000106892	
11. Entity Name ARMUO BROTHERS PRODUCE, INC.	

Principal Place of Business P.O. BOX 2223 MANO, FL 33550 US	Mailing Address P.O. BOX 223 MANO, FL 33550 US
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FBI Number 20-0345574	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

66. Name and Address of Current Registered Agent

**GOLDBERG LAW GROUP, P.A.
1033 FIRST STREET NORTH
22
SAINT PETERSBURG, FL 33701**

DO NOT WRITE IN THIS SPACE

88. 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.

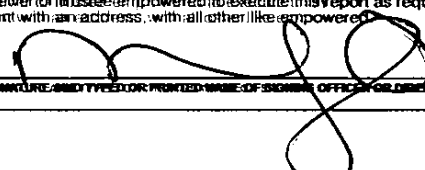
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

PAID NOW!! FEE IS \$150.00 (After May 1, 2006 Fee will be \$250.00)	9. Election Campaign Financing Trust/Fund Contribution. ☐ \$5.00 May Be Added to Fees
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100. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY/ST/ZIP	FP ARMUO JOSE ID 3322 BENNETT ACRESS PLACE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY/ST/ZIP	VPSS ARMUO MELISSA 3322 BENNETT ACRESS PLACE DOVER, FL 33527
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112. 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:  **4-24-06**

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