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
ARMIJO BROTHERS PRODUCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 223 MANGO, FL 33550 US	P.O. BOX 223 MANGO, FL 33550 US

DO NOT WRITE IN THIS SPACE

01312006 No Chg-P CR2E034 (11/05)

4. FEI 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, PA
1133 FIRST STREET NORTH
22
SAINT PETERSBURG, FL 33701

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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 _____
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 11, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND/OR DIRECTORS

TITLE	P
NAME	ARMIJO, JOSE D
STREET ADDRESS	3322 BENNETT ACRES PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	VP/S
NAME	ARMIJO, MELISSA
STREET ADDRESS	3322 BENNETT ACRES PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #