

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113025

FILED  
May 13, 2007  
Secretary of State

Entity Name: PRACEDE PRODUCE, CORP.

## Current Principal Place of Business:

2984 S.W. 3 ST.  
MIAMI, FL 33135

## New Principal Place of Business:

1717 NW 79TH AVENUE  
MIAMI, FL 33126

## Current Mailing Address:

2984 S.W. 3 ST.  
MIAMI, FL 33135

## New Mailing Address:

1717 NW 79TH AVENUE  
MIAMI, FL 33126

FEI Number: 20-0296439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALVERDE, PRACEDE  
1717 NW 79TH AVENUE  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VALVERDE, PRACEDE  
Address: 12745 SW 263 TERRACE  
City-St-Zip: HOMESTEAD, FL 33032

Title: VSD ( ) Delete  
Name: VALVERDE, ARIEL  
Address: 2984 S.W. 3 ST.  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VALVERDE, ARIEL  
Address: 1717 NW 79TH AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: VSD (X) Change ( ) Addition  
Name: VALVERDE, PRACEDE  
Address: 1717 NW 79TH AVENUE  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: VALVERDE ARIEL

PD

05/13/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date