

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000128336



1. Entity Name
PRODUCE EMPORIUM CORP.

Principal Place of Business
10920 NW S RIVER DR
MIAMI, FL 33178

Mailing Address
P.O. BOX 228251
MIAMI, FL 33122 US



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0370488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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

(Print or type printed name of registered agent and title (if not applicable)

(Print or type registered agent's signature required when mandatory)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PTD
ARTUZA, ROSEMARY
10920 NW S RIVER DR
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S
MATUTE, MARIO
10920 NW S RIVER DR
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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STREET ADDRESS
CITY ST ZIP

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IN THIS SPACE**

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03/11/05-80037-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Rosemary Artuza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosemary ARTUZA 02/28/2005 7868665968

DATE

DATE OF PRINT