


FILED
Aug 16, 2004 8:00 am
Secretary of State

07-19-2004 90017 033 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000132750 1. Entity Name GUZMAN'Z PRODUCE INC	
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Principal Place of Business 3004 JAP TUCKER ROAD PLANT CITY, FL 33566	Mailing Address 3004 JAP TUCKER ROAD PLANT CITY, FL 33566
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66432020



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07122004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0384041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GUZMAN, NANCY 3004 JAP TUCKER RD PLANT CITY, FL 33566	7. Name and Address of New Registered Agent
Name	Name
Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)
City	City
State	State
Zip Code	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P GUZMAN, NANCY 3004 JAP TUCKER ROAD PLANT CITY, FL 33566 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, NANCY	NAME	
STREET ADDRESS	3004 JAP TUCKER ROAD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP	
TITLE	VP GUZMAN, EVENCIO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, EVENCIO	NAME	
STREET ADDRESS	3004 JAP TUCKER ROAD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP	
TITLE	T GUZMAN, ERNESTINA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, ERNESTINA	NAME	
STREET ADDRESS	3004 JAP TUCKER ROAD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP	
TITLE	S GUZMAN, CLAUDIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, CLAUDIA	NAME	
STREET ADDRESS	3004 JAP TUCKER ROAD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: 07-12-04 DAYTIME PHONE #: 813-478-9219