


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90471 016 ***150.00

DOCUMENT # P03000132750

1. Entity Name
GUZMAN'Z PRODUCE INC



Principal Place of Business Mailing Address

3004 JAP TUCKER ROAD **3004 JAP TUCKER ROAD**
PLANT CITY, FL 33566 **PLANT CITY, FL 33566**

DO NOT WRITE IN THIS SPACE

40072300



04272005 No 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

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	P GUZMAN, NANCY 3004 JAP TUCKER ROAD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUZMAN, EVENCIO 3004 JAP TUCKER ROAD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUZMAN, ERNESTINA 3004 JAP TUCKER ROAD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUZMAN, CLAUDIA 3004 JAP TUCKER ROAD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **4/27/05 813-478-9219**

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