2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000138876

1. Entity Name
MY WAY PRODUCE CORP



FILED
Jan 26, 2005 08:00 AM
Secretary of State

Principal Place of Business 1335 NW 21 TERR BAY-1

MIAMI, FL 33142

Mailing Address

1335 NW 21 TERR BAY-1 MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0445328

5. Certificate of Status Desired

S8.75 Additional Fee Required

Applied For

Not Applicable

5. Name and Address of Current Registered Agent

FERRER, ERNESTO 17221 SW 122 AVE MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered offic	e or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered Agent si	gnature required when reinstating)	DATE
		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRER, ERNESTO 17221 SW 122 AVE MIAMI, FL 33177		U00000195979 01/26/05-80051-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERRER, BERTHA 17221 SW 122 AVE MIAMI, FL 33177			
TITLE NAME STREET ADDPESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 cath, 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ruesto tesses

01-24-05

Daytime Prome #