

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048758

Entity Name: FRUTVEN OF FLORIDA, INC.

FILED
Apr 14, 2006
Secretary of State

Current Principal Place of Business:

4810 WEST MARTINLUTHER KING BLVD
UNIT A-9
TAMPA, FL 33614

New Principal Place of Business:

7337 NW 37 AVE
UNIT 5
MIAMI, FL 33147

Current Mailing Address:

4810 WEST MARTINLUTHER KING BLVD
UNIT A-9
TAMPA, FL 33614

New Mailing Address:

5353 COLLINS AVE
411
MIAMI, FL 33640

FEI Number: 84-1642325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAS, MARIAELENA
4810 MARTIN LUTHER BLVD
UNIT A-9
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

SALAS, MARIAELENA
5353 COLLINS AVE
411
MIAMI, FL 33640 US

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: MARIA ELENA SALAS

04/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAS, RAFAEL
Address: 4810 WEST MARTIN LUTHER KING BLVD
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: SALAS, MARIAELENA
Address: 4810 MARTIN LUTHER KING BLVD
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: SALAS, MARIELA G
Address: 4810 MARTIN LUTHER KING BLVD
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALAS, RAFAEL
Address: 5353 COLLINS AVE 411
City-St-Zip: MIAMI, FL 33640

Title: T (X) Change () Addition
Name: SALAS, MARIAELENA
Address: 5353 COLLINS AVE 411
City-St-Zip: TAMPA, FL 33640

Title: S (X) Change () Addition
Name: SALAS, MARIELA G
Address: 5353 COLLINS AVE 411
City-St-Zip: MIAMI BEACH, FL 33640

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIAELENA SALAS

TRE

04/14/2006

Electronic Signature of Signing Officer or Director

Date