

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048758

Entity Name: FRUTVEN OF FLORIDA, INC.

FILED
Aug 18, 2008
Secretary of State

Current Principal Place of Business:

7337 NW 37 AVE
UNIT 5
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

5313 COLLINS AVE
411
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 84-1642325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAS, MARIA ELENA
5313 COLLINS AVE
411
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAS, RAFAEL
Address: 5313 COLLINS AVE 411
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: SALAS, MARIA ELENA
Address: 5313 COLLINS AVE 411
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: SALAS, MARIELA I
Address: 5313 COLLINS AVE 411
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALAS, RAFAEL
Address: 5313 COLLINS AVE 411
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PD

08/18/2008

Electronic Signature of Signing Officer or Director

Date