

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000058882 1. Entity Name PORT EVERGLADES PRODUCE, INC.					
Principal Place of Business 9555 OLD PINE ROAD BOCA RATON FL 33428			Mailing Address 9555 OLD PINE ROAD BOCA RATON FL 33428		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FCI Number 54-2168602	
5. Certificate of Status Desired ☐				Applied Fee \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, RONALD 9555 OLD PINE ROAD BOCA RATON FL 33428				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHWARTZ, RONALD 9555 OLD PINE ROAD BOCA RATON FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LOPEZ, EDWARD 5 CRESCENT DR. FAIRFIELD NJ 07004	☐ Delete			
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1st MOORE CR2E034 (10/05)

4. FCI Number 54-2168602 Applied Fee Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fees

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 807, 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: Ronald Schwartz 4/21/06 561-306-340