

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 029 ***150.00

DOCUMENT # P04000060695

1. Entity Name
FRESH USA INC



Principal Place of Business

660 NW 123 AVE
MIAMI, FL 33182

Mailing Address

660 NW 123 AVE
MIAMI, FL 33182

50060772



2. Principal Place of Business

9455 W FLYLER ST

Suite, Apt. #, etc.

C-112

City & State

MIAMI FL

3. Mailing Address

9455 W FLYLER ST

Suite, Apt. #, etc.

C-112

City & State

MIAMI FL

07262005

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0221760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BULJEVIC, JUAN P
660 NW 123 AVE
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name BULJEVIC, JUAN P

Street Address (P.O. Box Number is Not Acceptable)

9455 W FLYLER ST

C-112

City

MIAMI

FL

Zip Code

33174

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

[Signature]

BULJEVIC JUAN P

8/1/05

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PERDOMO, RODOLFO	
STREET ADDRESS	660 NW 123 AVE	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BULJEVIC, JUAN P	
STREET ADDRESS	660 NW 123 AVE	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULJEVIC, JUAN P	
STREET ADDRESS	9455 W FLYLER ST C-112	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

BULJEVIC JUAN P

8/1/05

786-3991772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #