

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90330 045 \*\*\*158.75

<b>DOCUMENT # P04000109242</b> 1. Entity Name <b>WILD FRUITS, INC.</b>					
Principal Place of Business <b>2983 S W 7TH ST MIAMI, FL 33135</b>			Mailing Address <b>20500 W. COUNTRY CLUB DRIVE #615 AVENTURA, FL 33180</b>		
2. Principal Place of Business <b>1580 W 38 PLACE</b> Suite, Apt. #, etc. <b>SPACE # 3</b> City & State <b>HALEAH FL</b> Zip <b>33012</b>			3. Mailing Address <b>521 NW 23 COURT</b> Suite, Apt. #, etc.  City & State <b>MIAMI FL</b> Zip <b>33125</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>20-1406576</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>FIALLO, SERGIO 521 NW 23RD COURT MIAMI, FL 33125</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u><b>Sergio Fiallo</b></u> <b>SERGIO FIALLO, PRESIDENT</b> <span style="float: right;"><b>4/26/06</b></span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, LISA 20500 COUNTRY CLUB DRIVE, #615 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERGIO FIALLO 521 NW 23 COURT MIAMI FL 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENER, GERMAINE 20500 W. COUNTRY CLUB DRIVE, #615 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><b>Sergio Fiallo</b></u> <b>SERGIO FIALLO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>4/26/06</b></span> <span><b>305 297-6969</b></span> </div> <small>Date Daytime Phone #</small>		