
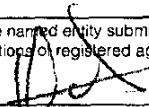
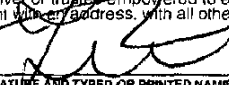


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90122 030 ***150.00

DOCUMENT # P04000136176 1. Entity Name FABULOUS FRESH PRODUCE CORP.					
Principal Place of Business 8730 NW 101ST STREET MEDLEY, FL 33178			Mailing Address 8730 NW 101ST STREET MEDLEY, FL 33178		
2. Principal Place of Business 1245 NW 21 Street Suite, Apt. #, etc.			3. Mailing Address P.O. Box 310718 Suite, Apt. #, etc.		
City & State Miami, Florida			City & State Miami, FL 33231-0718		
Zip 33142		Country USA		4. FEI Number 20-1684475	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIVERA, KATTYA 13410 SW 78 STREET MIAMI, FL 33183			7. Name and Address of New Registered Agent Name Kattya Rivera Street Address (P.O. Box Number is Not Acceptable) 11745 SW 99 COURT City Miami FL Zip Code 33176		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PSD CASTRO, FABIOLA M 8730 NW 101ST STREET MEDLEY, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Fabida M Castro 1331 Brickell Bay Drive, Apt # 905 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CASTRO, PEDRO L 8730 NW 101ST STREET MEDLEY, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD Pedro L Castro 6365 Collins Avenue, Apt # 3704 Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 my address, with all other like empowered.					
SIGNATURE: 				4/18/06 (305) 545-2288	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Day:me Phone #	