# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

#### Secretary of State **DOCUMENT # P04000141988** 07-20-2005 90025 032 \*\*\*150.00 PROMESA PRODUCE CORPORATION Principal Place of Business Mailing Address 50056269 162 SUNWAY AVE 162 SUNWAY AVE SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 07132005 CR2E034 (10/03) Chq-P 4. FEI Number 20 -1787333 Applied For City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALAZAR-MENDOZA, EULOGIO J Street Address (P.O. Box Number is Not Acceptable) **162 SUNWAY AVE** SARASOTA, FL 34237 City 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. 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution П Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change Addition ☐ Delete SALAZAR-MENDOZA, EULOGIO J NAME NAME STREET ADDRESS 162 SUNWAY AVE STREET ADDRESS SARASOTA, FL 34237 CITY-ST-ZIP CITY-ST-ZIP Vice PalsiDent TITLE DST ☐ Delete TITLE Change Addition MENDOZA, LUIS LUIS MPNOOLA NAME NAME STREET ADDRESS 162 SUNWAY AVE STREET ADDRESS INZ SUNWAY AVE. fe. 34237 CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP SARABOTA. SecreThey /THOSUPER Change Addition TITLE ☐ Delete TITLE NAME ADELAIDA DOLC. COCOM-POCH NAME STREET ADDRESS STREET ADDRESS 162 SUNWAY CITY-ST-ZIP CITY+ST+7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 true inpowered 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 made appears in Block 10 or Block 11 if

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FILED Jul 20, 2005 8:00 am 50056269

# PROMESA PRODUCE CORPORATION

162 Sunway Ave.

Sarasota, Fl. 334237

## Certified Letter with Return Receipt

July 13, 2005

Florida Department of State Division Of Corporation P.O. Box 6198 Tallahassee, Fl. 32314

Re

2005 Annual Report #P04000141988

### Gentlemen:

As per telephone conversation today with your staff, enclosed please find our check in the amount of \$150.00 to cover for our subject Annual Reports.

Please be advised that as of the date of this letter we never received your previous renewals reports.

Your prompt processing of our corporation will be greatly appreciated.

Truly yours,

PROMESA PRODUCE CORPORATION

Eulegio J. Salazar

President