

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90065 010 \*\*\*150.00

|  |  |   |   |                                    |  |
|--|--|---|---|------------------------------------|--|
| <b>DOCUMENT # P04000141988</b>   |  |   |   |                                    |  |
| <b>1. Entity Name</b><br>PROMESA PRODUCE CORPORATION   |  |   |   |                                    |  |
| <b>Principal Place of Business</b><br>162 SUNWAY AVE<br>SARASOTA, FL 34237   |  |   | <b>Mailing Address</b><br>162 SUNWAY AVE<br>SARASOTA, FL 34237  |                                    |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>PROMESA PRODUCE CORP.   |  | <b>3. Mailing Address</b><br>PROMESA PRODUCE CORP.  |   |                                    |  |
| Suite, Apt. #, etc.<br>2894 DAVIS BLVD   |  | Suite, Apt. #, etc.<br>2894 DAVIS BLVD  |   |                                    |  |
| City & State<br>SARASOTA, FL   |  | City & State<br>SARASOTA, FL  |   |                                    |  |
| Zip<br>34237   | Country  | Zip<br>34237  | Country   | <b>4. FEI Number</b><br>20-1787333 |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | Applied For<br>Not Applicable      |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SALAZAR-MENDOZA, EULOGIO J<br>162 SUNWAY AVE<br>SARASOTA, FL 34237   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: PROMESA PRODUCE CORPORATION<br>Street Address (P.O. Box Number is Not Acceptable):<br>2894 DAVIS BLVD<br>City: SARASOTA, FL Zip Code: 34237 |                                    |  |
| <b>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.</b><br>SIGNATURE:  DATE: 02/21/07<br><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</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>SALAZAR-MENDOZA, EULOGIO J<br>162 SUNWAY AVE<br>SARASOTA, FL 34237 | <input type="checkbox"/> Delete   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>MENDOZA, LUIS<br>162 SUNWAY AVE<br>SARASOTA, FL 34237              | <input checked="" type="checkbox"/> Delete  |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>DEL C COCOA-PECH, ADELAIDA<br>162 SUNWAY AVE<br>SARASOTA, FL 34234 | <input type="checkbox"/> Delete   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>DEL C COCOA-PECH, ADELAIDA<br>2894 DAVIS BLVD<br>SARASOTA FL 34237 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>DEL C COCOA-PECH, ADELAIDA<br>2894 DAVIS BLVD<br>SARASOTA FL 34237 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>DEL C COCOA-PECH, ADELAIDA<br>2894 DAVIS BLVD<br>SARASOTA FL 34237 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>DEL C COCOA-PECH, ADELAIDA<br>2894 DAVIS BLVD<br>SARASOTA FL 34237 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                    |  |
| <b>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 persons empowered.</b><br>SIGNATURE:  DATE: 02/21/07<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |  |   |   |                                    |  |