

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90078 006 ***158.75

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02142005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000150510 1. Entity Name SUNTROPICAL PRODUCE, INC.					
Principal Place of Business 126 SUE DR ALTA SPRINGS, FL 32714			Mailing Address 126 SUE DR ALTA SPRINGS, FL 32714		
2. Principal Place of Business 6164 NW 74 AVE		3. Mailing Address P.O. BOX 668726			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-1235499	
Zip 33166		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, ANTONIO 126 SUE DR ALTA SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name Antonio Torres Street Address (P.O. Box Number is Not Acceptable) 6164 NW 74 AVE City Miami, FL Zip Code 33166		
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 DATE 02/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D TORRES, ANTONIO <input type="checkbox"/> Delete 126 SUE DR ALTA SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTONIO TORRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6164 NW 74 AVE Miami, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGO HERNANDEZ <input type="checkbox"/> Delete 6164 NW 74 AVE Miami, FL 33166		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	
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	
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 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:			Date 02/16/05 Daytime Phone # (786)331-8399		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					