


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90089 031 ***150.00

DOCUMENT # P04000155578 1. Entity Name CECI'S PRODUCE, INC					
Principal Place of Business 12705 NW 42ND AVENUE OPALOCKA FL 33054			Mailing Address 1070 NW 149 STREET MIAMI FL 33168 US		
2. Principal Place of Business 12705 N.W. 42nd AVE			3. Mailing Address 1070 N.W. 149th St.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33168		Country Dele		Zip 33168	
Country Dele		4. FEI Number 26-0099634			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GUERRA, ANGEL 27347 SW 117 PLACE HOMESTEAD FL 33032			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;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GOMEZ, DIGNA 1070 NW 149 STREET MIAMI FL 33168		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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Digna C. Sony</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					