

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000037702

1. Entity Name
SUPER SELECT TOMATOES, INC.



Principal Place of Business
**5898 LINCOLN CIR. WEST
LAKE WORTH, FL 33463**

Mailing Address
**5898 LINCOLN CIR. WEST
LAKE WORTH, FL 33463**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2508808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, VALOIS R
5898 LINCOLN CIR. WEST
LAKE WORTH, FL 33463**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, VALOIS R
STREET ADDRESS	5898 LINCOLN CIR. WEST
CITY-ST-ZIP	LAKE WORTH, FL 33463

TITLE	S
NAME	FERNANDEZ, YAMILE
STREET ADDRESS	5898 LINCOLN CIR. WEST
CITY-ST-ZIP	LAKE WORTH, FL 33463

TITLE	
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01/17/08-80011-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: Valois Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/08 (561) 966-5446
Date Daytime Phone #