2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-14-2007 90049 009 ***150.00 DOCUMENT # P05000056138 1. Entity Name KISSIMMEE PRODUCE, INC. Principal Place of Business Mailing Address 40016668 1421 N JOHN YOUNG PKWY 5100 OLD HOWELL BRANCH RD KISSIMMEE, FL 34741 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01022007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 29-0545271 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHEN, JAMES 1421 N JOHN YOUNG PKWY Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34741 City Zip Code FL 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D TITLE ☐ Change Addition TITLE Delete NAME CHEN, JAMES NAME STREET ADDRESS 4951 LAKE CECIL DRIVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition GONZALEZ, PEDRO NAME NAME STREET ADDRESS 2556 CROWN RIDGE CIR STREET ADDRESS KISSIMMEE, FL 34744 CITY-ST-ZIP CITY-ST-ZIP TIRE Delete TITLE ☐ Change ☐ Addition SANCHEZ, FRANCISCO A NAME NAME STREET ADDRESS 2142 WALDEN PRK CIR APT 103 STREET ADDRESS KISSIMMEE, FL 34744 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GONZALEZ, ANA J NAME NAME STREET ADDRESS 2138 WALDEN PARK CIR APT 101° STREET ADDRESS KISSIMMEE, FL 34744 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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-7IP 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.

FILED Feb 14, 2007 8:00 am

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Daytime Phone #