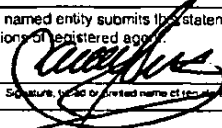
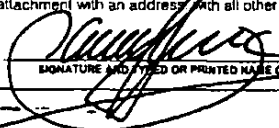


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/2

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90002 026 \*\*\*158.75

<b>DOCUMENT # P05000087528</b>			
1. Entity Name <b>EAST COAST PRODUCE &amp; HARVESTING COMPANY</b>			
Principal Place of Business <b>708 BOND ST CLEWISTON, FL 33440</b>		Mailing Address <b>708 BOND ST CLEWISTON, FL 33440</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 1357</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Clewiston, FL</b>	
Zip	Country	Zip	Country
<b>33440</b>	<b>USA</b>	<b>33440</b>	<b>USA</b>
4. FSC Number <b>20-3037723</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>OJEDA, JOSE A 708 BOND ST CLEWISTON, FL 33440</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
8. The above named entity submits the 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 		C.E.O. <b>6/20/06</b>	
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	PT	<input type="checkbox"/> Delete	
NAME	<b>MARINEZ, RANULFO</b>		
STREET ADDRESS	<b>1826 MATHEW LOOP #26</b>		
CITY - ST - ZIP	<b>CLEWISTON, FL 33440</b>		
TITLE	S	<input type="checkbox"/> Delete	
NAME	<b>MARTINEZ, MARICELA</b>		
STREET ADDRESS	<b>1826 MATHEW LOOP #26</b>		
CITY - ST - ZIP	<b>CLEWISTON, FL 33440</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: 		<b>6/20/06</b> <b>803-983-2504</b>	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66021993



05222006 Chg-P CR2E034 (11/05)

4. FSC Number  
**20-3037723**

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**FILE NOW!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	<b>MARINEZ, RANULFO</b>	
STREET ADDRESS	<b>1826 MATHEW LOOP #26</b>	
CITY - ST - ZIP	<b>CLEWISTON, FL 33440</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, MARICELA</b>	
STREET ADDRESS	<b>1826 MATHEW LOOP #26</b>	
CITY - ST - ZIP	<b>CLEWISTON, FL 33440</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
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SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #