

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90141 001 ***150.00

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DOCUMENT # P05000140791 1. Entity Name THE CASITA PRODUCE, INC.					
Principal Place of Business 19013 SE US HWY 301 HAWTHORNE, FL 32640			Mailing Address 19013 SE US HWY 301 HAWTHORNE, FL 32640		
2. Principal Place of Business 18905 SE US HWY 301 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Hawthorne FL		City & State		4. FEI Number 27-0138762	
Zip 32640		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINO, PEDRO P 19227 SE US HWY 301 HAWTHORNE, FL 32640				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Pedro Pino</i> (NOTE: Registered Agent signature required when reinstating) DATE 2/22/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <input type="checkbox"/> Delete PINO, PEDRO P 19227 SE US HWY 301 HAWTHORNE, FL 32640		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 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 <i>Pedro Pino</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Pedro P. Pino 2/22/06 (352) 481-3212 Date Daytime Phone #		