

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162306

FILED
May 01, 2008
Secretary of State

Entity Name: SOUTHERN STATE'S PRODUCE DISTRIBUTOR, INC.

Current Principal Place of Business:

5225 PRAIRIE DUNES VILLAGE CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

6121 INDIAN FOREST CIRCLE
LAKE WORTH, FL 33463

Current Mailing Address:

POST OFFICE BOX 542722
LAKE WORTH, FL 334542722

New Mailing Address:

FEI Number: 06-1764458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICAMARA, SANTO R
5225 PRAIRIE DUNES VILLAGE CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

LICAMARA, SANTO R
6121 INDIAN FOREST CIRCLE
LAKE WORTH, FL 33463 US

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.

SIGNATURE:

05/01/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LICAMARA, SANTO R
Address: POST OFFICE BOX 542722
City-St-Zip: LAKE WORTH, FL 334542722

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTO LICAMARA

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date