

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

04-17-2007 90041 003 ***158.75

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|--|--|--|---|--|--|
| DOCUMENT # P06000022033 1. Entity Name FLORIDA EXPORT PACKERS, INC. | | | | | |
| Principal Place of Business 8451 MARKET STREET HOUSTON, TX 77019 | | | Mailing Address 8451 MARKET STREET HOUSTON, TX 77019 | | |
| 2. Principal Place of Business - No P.O. Box # 13260 N.W. 45th Ave | | 3. Mailing Address P.O. Box 15275 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Opa Locka, Florida | | City & State Houston, Texas | | 4. FEI Number 61-1498737 | |
| Zip 33054 | | Country U.S.A. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GREENBERG, DANIEL C 751 SANCTUARY DR BOCA RATON, FL 33431 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | MD GREENBERG, DANIEL C 13260 NW 45TH AVE. OPA LOCKA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HERZOG, GEORGE 1601 S. HIGHLAND AVE. BALITMORE, MD 60007 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D COCCIAMIGLIO, JOHN 1300 E. DEVON AVE. ELK GROVE VILLAGE, IL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u>Daniel C. Greenberg</u> 04/13/07 713-671-5901 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

PAID CHK# 2353 dated 4/13/07