2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED DOCUMENT # P06000037141 Jul 14, 2008 08:00 AM Secretary of State JOSE'S HERBS & PRODUCE, INC. Principal Place of Business Mailing Address 9872 HAMMOCKS BLVD. #105 9872 HAMMOCKS BLVD. #105 MIAMI, FL 33196 MIAMI, FL* 33196 07092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4534173 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEMBRENO, JOSE DO NOT WRITE 9872 HAMMOCKS BLVD. #105 MIAMI, FL 33196 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE 07/14/08-80014-010 150.00 / 14/3 MEMBRENO, JOSE NAME STREET ADDRESS 9872 HAMMOCKS BLVD. #105 CITY-ST-ZIP MIAMI, FL 33196 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 our ustee 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 giver like empowered.

SIGNATURE:

NAME STREET ADDRESS CHY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

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