

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90009 037 ***150.00

DOCUMENT # P06000037434

1. Entity Name

FLORIDA FRESH EXPRESS INC.



Principal Place of Business

3075 NW 86 STREET
MIAMI FL 33147
US

Mailing Address

PO BOX 472974
MIAMI FL 33147
US

*3075 NW 86 St
Miami, Florida
33147*



2. Principal Place of Business - No P.O. Box #

3075 NW 86 St

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, Florida

City & State

33147

Zip

Country

Zip

Country

4. FEI Number

11-3773788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORENO, PEDRO A
3075 NW 86 STREET
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name *Pedro A. Moreno Florida Fresh Express*
Street Address (P.O. Box Number is Not Acceptable)
3075 NW 86 Street
City *Miami Florida* FL Zip Code *33147*

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

Signature, (typed or printed name of registered agent and state, if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME *P*
STREET ADDRESS *MORENO, PEDRO A*
CITY-ST-ZIP *PO BOX 472974 3075 NW 86 St MIAMI FL 33147*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Pedro A. Moreno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #