## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000047915

Address:

City-St-Zip:

Entity Name: FRUIT & VEGGIE SOLUTIONS, INC

FILED Apr 18, 2007 Secretary of State

		a veggie go	20110110, 1110.						
Current Principal Place of Business:					New Principal Place of Business:				
2800 GLAD SUITE 114 WESTON,		E			600 ROOS APT. # 507 FALLS CH				
Current Mailing Address:					New Mailing Address:				
2800 GLAE SUITE 114 WESTON,		E			600 ROOS APT. # 507 FALLS CH				
FEI Number:	76-0824068	FEI Number	Applied For()	FEI Num	ber Not Appl	icable ( )	Certific	ate of Status I	Desired ( )
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
VIEIRA, TAYLOR C 2800 GLADES CIRCLE SUITE 114 WESTON, FL 33327 US					VIEIRA, TAYLOR C 4382 FOX RIDGE DRIVE WESTON, FL 33331 US				
The above in the State			statement for the pu	urpose of	changing if	ts registere	ed office or i	registered a	gent, or both,
SIGNATURE:					04/18/2007				
	Elect	ronic Signature	of Registered Ager	nt				Date	
Election Can	npaign Finan	cing Trust Fund C	Contribution ( ).						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:		()Delete PLINIO F ENDAS 372 APT 10 P: 30430480,	02, BARROCA, BH		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:			NTOS N. 185 SANTA IL,		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name:	PST MACHORR	( ) Delete			Title: Name:	PST MACHORR	(X) Change	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

600 ROOSEVELT BLVD., NO. 507

FALLS CHURC, VA 22044

SIGNATURE: ANTONIO MACHORRO P 04/18/2007

431 NORTH ARMISTEAD STREEET UNIT 606

ALEXANDRIA, VA 22312