

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

02-05-2007 90089 004 ***150.00

DOCUMENT # P06000139789 1. Entity Name BARAJAS FRUIT, INC.					
Principal Place of Business 347 SOUTH ORANGE AVENUE ARCADIA FL 34266				Mailing Address 347 SOUTH ORANGE AVENUE ARCADIA FL 34266	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ISAAC, ROOSEVELT S 347 SOUTH ORANGE AVENUE ARCADIA FL 34266				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 <u><i>Roosevelt S. Isaac</i></u> _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registered)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BARAJAS, JESUS		NAME		
STREET ADDRESS	347 SOUTH ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		
TITLE	S ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BARAJAS, ROSALINDA R		NAME		
STREET ADDRESS	347 SOUTH ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Jes Barajas</i></u> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Telephone _____					