

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000152937

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** A & M PRODUCE DISTRIBUTORS, INC.

**Current Principal Place of Business:**

514 NE 20 AVE.  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

514 NE 20 AVE.  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** 20-8257089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARAGON, AZUCENA  
514 NE 20 AVE.  
HOMESTEAD, FL 33033 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ARAGON, AZUCENA  
Address: 514 NE 20 AVE.  
City-St-Zip: HOMESTEAD, FL 33033

Title: D  
Name: ARAGON, GERARDO  
Address: 7591 W. 33 AVE.  
City-St-Zip: HIALEAH, FL 33018

I hereby 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 all other like empowered.

SIGNATURE: AZUCENA ARAGON

D

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date