

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100341

FILED
Mar 02, 2009
Secretary of State

Entity Name: A.C.L TROPICAL FRUITS INC

Current Principal Place of Business:

20031 SW 204 ST
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

14503 SW 84 ST
MIAMI, FL 33183

New Mailing Address:

FEI Number: 26-1102609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARDINAS, CRISTINA
20031 SW 204 ST
MIAMI, FL 33187 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SARDINAS, ALEX
Address: 20031 SW 204 ST
City-St-Zip: MIAMI, FL 33187

Title: VP () Delete
Name: SARDINAS, CRISTINA
Address: 14503 SW 84 ST
City-St-Zip: MIAMI, FL 33183

Title: TRES () Delete
Name: NOGUEIRO, LAZARO
Address: 14503 SW 84 ST
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CRISTINA SARDINAS

VP

03/02/2009

Electronic Signature of Signing Officer or Director

Date