2008 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 12, 2008 8:00 am Secretary of State DOCUMENT # P07000101584 09-12-2008 90001 023 ***150.00 MR.GRUMP PRODUCE, INC. Principal Place of Business Mailing Address 7221 NW 16 ST 7221 NW 16 ST C-154 C-154 PLANTATION, FL 33130 PLANTATION, FL 33130 2. Principal Place of Business - No P.O. Box # 3. Mailino Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06022008 CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 26-1087460 Not Applicable Zip 33313 Country Country \$8.75 Additional 33313 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEFFRY Grodzienski AG CORPORATE SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 5805 BLUE LAGOON DR STE 200 C-154 # MIAMI, FL 33126, 🚉 7221 Nω St 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition GRODZIEŃSKI, JEFFREY NAME NAME STREET ADDRESS 7221 NW 16 ST # C-154 STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33130 33313 CITY-ST-ZIP Plantation ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change : TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Chance ☐ 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 Chapter 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.