

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 043 ***150.00

DOCUMENT # P07000112359

1. Entity Name
MY FRUIT TREE, INC



Principal Place of Business
**6423 COLLINS AVENUE
1706
MIAMI BEACH, FL 33141**

Mailing Address
**6423 COLLINS AVENUE
1706
MIAMI BEACH, FL 33141**



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

04242008 Chg-P CR2E034 (12/06)

4. FEI Number
26-126 2006

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERONYMO, GINE
6423 COLLINS AVENUE
1706
MIAMI BEACH, FL 33141**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/24/2008

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BATISTA, RICARDO
6423 COLLINS AVENUE 1706
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GINE GERONYMO
6423 COLLINS AVE #1706
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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.

SIGNATURE

[Signature]

GINE GERONYMO

(305) 861-5061

4/24/08