

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000103466

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** ESTRADA PACKERS & SHIPPERS INC.

**Current Principal Place of Business:**

837 MAIN ST  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1250  
ZOLFO SPRINGS, FL 33890

**New Mailing Address:**

**FEI Number:** 27-1639841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESTRADA, ROBERTO  
680 MURPHY RD  
ONA, FL 33865 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: P  
Name: ESTRADA, ROBERTO  
Address: 680 MURPHY RD  
City-St-Zip: ONA, FL 33865

Title: SEC  
Name: ESTRADA, SALVADOR  
Address: 680 MURPHY RD  
City-St-Zip: ONA, FL 33865

Title: VP  
Name: ESTRADA, ROBERTO SR  
Address: 680 MURPHY RD  
City-St-Zip: ONA, FL 33865

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: ROBERTO ESTRADA

PRES

04/26/2012

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

\_\_\_\_\_  
Date