

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000032371

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA FUNDRAISING FRUIT COMPANY

**Current Principal Place of Business:**

142 SW THANKSGIVING AVE  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

10380 SW VILLAGE CENTER DRIVE  
SUITE 347  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

10380 SW VILLAGE CENTER DRIVE  
SUITE 347  
PORT ST LUCIE, FL 34987 US

**New Mailing Address:**

**FEI Number:** 80-0579102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOMBARDI, CHRISTINE  
142 SW THANKSGIVING AVE  
PORT ST LUCIE, FL 34984 US

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

TRIMARCO, ROBERT  
11414 SW FIELDSTONE WAY  
PORT ST LUCIE, FL 34987 US

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: ROBERT TRIMARCO

04/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TRIMARCO, ROBERT  
Address: 11414 SW FIELDSTONE WAY  
City-St-Zip: PORT ST LUCIE, FL 34987

Title: S  
Name: TRIMARCO, ALICIA  
Address: 11414 SW FIELDSTONE WAY  
City-St-Zip: PORT ST LUCIE, FL 34987

Title: V  
Name: LEWIS, SHAWN  
Address: 3971 SW LAFFITE STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

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: ROBERT TRIMARCO

P

04/18/2011

Electronic Signature of Signing Officer or Director

Date