

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000019730**

1. Entity Name  
**E.L.A. PRODUCE INC**



Principal Place of Business  
**6260 SW 112 PLACE  
MIAMI, FL 33173**

Mailing Address  
**6260 SW 112 PLACE  
MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0393840**

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**ARRIZURIETA, ERNESTO  
6260 SW 112 PLACE  
MIAMI, FL 33173**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ARRIZURIETA, ERNESTO L 6260 SW 112 PLACE MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ARRIZURIETA, ERNESTO J 10411 SW 66 ST MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ARRIZURIETA, GLORIA J 10411 SW 66 ST MIAMI, FL</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80061-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ernesto Arizurieta*

*1/8/07*

Date

*(305) 598-0232*

Daytime Phone #